

FDIA0112 11/16/99

BERT-12  
Jea 4-24-07

BERT 0001  
BERT V. AK STEEL

CONFIDENTIAL

Form 1040 (1999) VIVIAN D BERT		Page 2
<b>Tax and Credits</b>	34 Amount from line 33 (adjusted gross income) .....	34 7,443.
	35a Check if: <input type="checkbox"/> You were 65/older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65/older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here .....	35a
	b If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see instructions and check here .....	35b
	36 Enter your itemized deductions from Schedule A, line 28, or standard deduction shown on the left. But see instructions to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent .....	36 6,350.
	37 Subtract line 36 from line 34 .....	37 1,093.
	38 If line 34 is \$94,975 or less, multiply \$2,750 by the total number of exemptions claimed on line 6d. If line 34 is over \$94,975, see the worksheet in the instructions for the amount to enter .....	38 5,500.
	39 Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0- .....	39 0.
	40 Tax (see instrs). Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 .....	40 0.
	41 Credit for child and dependent care expenses. Attach Form 2441 .....	41 0.
	42 Credit for the elderly or the disabled. Attach Schedule R .....	42
	43 Child tax credit (see instructions) .....	43 0.
	44 Education credits. Attach Form 8863 .....	44
	45 Adoption credit. Attach Form 8839 .....	45
	46 Foreign tax credit. Attach Form 1116 if required .....	46
	47 Other. Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify) .....	47
	48 Add lines 41 through 47. These are your total credits .....	48 0.
	49 Subtract line 48 from line 40. If line 48 is more than line 40, enter -0- .....	49 0.
<b>Other Taxes</b>	50 Self-employment tax. Attach Schedule SE .....	50
	51 Alternative minimum tax. Attach Form 6251 .....	51
	52 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 .....	52
	53 Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required .....	53
	54 Advance earned income credit payments from Form(s) W-2 .....	54
	55 Household employment taxes. Attach Schedule H .....	55
	56 Add lines 49-55. This is your total tax .....	56 0.
<b>Payments</b>	57 Federal income tax withheld from Forms W-2 and 1099 .....	57
	58 1999 estimated tax payments and amount applied from 1998 return .....	58
	59a Earned income credit. Attach Schedule EIC if you have a qualifying child. b Nontaxable earned income: amount .....	59a
	60 Additional child tax credit. Attach Form 8812 .....	60
	61 Amount paid with request for extension to file (see instructions) .....	61
	62 Excess social security and RRTA tax withheld (see instrs) .....	62
	63 Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 .....	63
	64 Add lines 57, 58, 59a, and 60 through 63. These are your total payments .....	64
<b>Refund</b>	65 If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you overpaid .....	65
Have it directly deposited! See instructions and fill in 66b, 66c, and 66d.	66a Amount of line 65 you want Refunded to You .....	66a
	b Routing number .....	
	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings .....	
	d Account number .....	
	67 Amount of line 65 you want Applied to Your 2000 Estimated Tax .....	67
<b>Amount You Owe</b>	68 If line 56 is more than line 64, subtract line 64 from line 56. This is the Amount You Owe. For details on how to pay, see instructions .....	68 0.
	69 Estimated tax penalty. Also include on line 68 .....	69
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
Joint return? See instructions.	Your Signature .....	Date .....
Keep a copy for your records.	Spouse's Signature (if a joint return, both must sign) .....	Date .....
	Your Occupation OFFICE WORKER .....	Daytime Telephone Number (optional) .....
	Spouse's Occupation .....	
<b>Paid Preparer's Use Only</b>	Preparer's Signature .....	Date .....
	Firm's Name (or yours if self-employed) and Address .....	Preparer's SSN or PTIN .....
	Self-prepared <input checked="" type="checkbox"/> Check if self-employed <input type="checkbox"/> .....	
	EN .....	
	ZIP Code .....	

FDIA0112 11/15/99

Form 1040 (1999)

BERT 0002  
BERT V. AK STEEL

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A 2 B

OMB No. 1545-0074

Interest and Social Security Number if Shown on Schedule A.

Page 2

VIVIAN C. REPT

Your Social Security Number

## Schedule B — Interest and Ordinary Dividends

08

Part I  
Interest

Note: If you had over \$400 in taxable interest income, you must also complete Part III.

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address.

GE EVENDALE EMP FED CREDIT UNION

Amount

2,446.45

Note:

2 Add the amounts on line 1

3 Excludable interest on series EE and U.S. savings bonds issued after 1989 from Form 3815, line 14. You must attach Form 3815

4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a

Note: If you had over \$400 in ordinary dividends, you must also complete Part III.

Part II  
Ordinary  
Dividends

5 List name of payer. Include only ordinary dividends. If you received any capital gain distributions, see the instructions for Form 1040, line 13

Amount

Note:

6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9.

Part III  
Foreign  
Accounts  
and  
Trusts

You must complete this part if you (a) had over \$400 of interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

7a At any time during 1999, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See instructions for exceptions and filing requirements for Form TD F 90-22.1

b If yes, enter the name of the foreign country

8 During 1999, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If yes, you may have to file Form 3520. See instructions

Yes No

X

X

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

FDIA0401 10/13/99

Schedule B (Form 1040) 1999

BERT 0003  
BERT V. AK STEEL

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Schedule C  
(Form 1040)Profit or Loss from Business  
(Sole Proprietorship)

OMB No. 1545-0074

1999

09

Department of the Treasury  
Internal Revenue Service (99)Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.  
Attach to Form 1040 or Form 1041. See instructions for Schedule C (Form 1040).

Name of Proprietor

VIVIAN D BERT

Social Security Number (SSN)

A Principal Business or Profession, Including Product or Service (see instructions)

BABY SITTING

B Enter Code from Instructions

812990

C Business Name, If No Separate Business Name, Leave Blank.

D Employer ID Number (EIN), If Any

E Business Address (include suite or room no.)  
City, Tot., Post Office, State, & ZIP Code802 TENTH AVE  
MIDDLETOWN, OH 45044F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify)G Did you 'materially participate' in the operation of this business during 1999? If 'No,' see instructions for limit on losses ☒ Yes ☐ NoH If you started or acquired this business during 1999, check here ☐

## Part I Income

1 Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see the instructions and check here <input type="checkbox"/>	1	4,800.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	4,800.
4 Cost of goods sold (from line 42 on page 2)	4	1,975.
5 Gross profit. Subtract line 4 from line 3	5	2,825.
6 Other income, including federal and state gasoline or fuel tax credit or refund	6	
7 Gross income. Add lines 5 and 6	7	2,825.

## Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8		19 Pension and profit-sharing plans	19	
9 Bad debts from sales or services (see instructions)	9		20 Rent or lease (see instructions):		
10 Car and truck expenses (see instrs)	10		a Vehicles, machinery, and equipment	20a	100.
11 Commissions and fees	11		b Other business property	20b	82.
12 Depletion	12		21 Repairs and maintenance	21	650.
13 Depreciation and Section 179 expense deduction (not included in Part III) (see instructions)	13		22 Supplies (not included in Part III)	22	450.
14 Employee benefit programs (other than on line 19)	14		23 Taxes and licenses	23	50.
15 Insurance (other than health)	15	350.	24 Travel, meals, and entertainment:		
16 Interest:			a Travel	24a	
a Mortgage (paid to banks, etc)	16a		b Meals and entertainment		
b Other	16b		c Enter nondeductible amount included on line 24b (see instructions)		
17 Legal & professional services	17	125.	d Subtract line 24c from line 24b	24d	
18 Office expense	18	100.	25 Utilities	25	625.
28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28		26 Wages (less employment credits)	26	
			27 Other expenses (from line 48 on page 2)	27	
				28	2,532.

29 Tentative profit (loss). Subtract line 28 from line 7	29	293.
30 Expenses for business use of your home. Attach Form 8829	30	
31 Net profit or (loss). Subtract line 30 from line 29.	31	293.

• If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.

• If a loss, you must go on to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.

• If you checked 32b, you must attach Form 6198.

32a ☒ All investment is at risk.

32b ☐ Some investment is not at risk.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule C (Form 1040) 1999

FD-20112 10/27/99

BERT 0004  
BERT V. AK STEEL

Page 2

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 If there is any change in determining quantities, costs, or valuations between opening and closing inventory?  
If 'Yes,' attach explanation

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation .....

☐ Yes ☐ No

36 Purchases less cost of items withdrawn for personal use.

**37 Cost of labor.** Do not include any amounts paid to yourself

### 38 Materials and supplies

### 39 . Other costs

**40** Add lines 35 through 39

41 Inventory at end of year

**42 Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on page 1, line 4.

**Part IV** Information on Your Vehicle. Complete this part **Only** if you are claiming car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file.

43 When did you place your vehicle in service for business purposes? (month, day, year)

44 Of the total number of miles you drove your vehicle during 1999, enter the number of miles you used your vehicle for:  
 a Business \_\_\_\_\_ b Commuting \_\_\_\_\_ c Other \_\_\_\_\_

45 Do you (or your spouse) have another vehicle available for personal use?

☐ Yes ☐ No

46 Was your vehicle available for use during off-duty hours?

☐ Yes ☒ No

47a Do you have evidence to support your deduction?

☐ Yes ☐ No

**b If 'Yes,' is the evidence written?**

☐ Yes ☐ No

**Part V** **Other Expenses.** List below business expenses not included on lines 8 — 26 or line 30.

**48 Total other expenses.** Enter here and on page 1, line 27

Schedule C (Form 1040) 1999

BERT 0005  
BERT V. AK STEEL



Schedule C  
(Form 1040)

Profit or Loss from Business  
(Sole Proprietorship)

OMB No. 1545-0074

1999  
09

Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.  
Attach to Form 1040 or Form 1041. See instructions for Schedule C (Form 1040).

**A** **VIVIAN D BERT**  
Business or Profession, Including Product or Service (see instructions)  
**CLEANING SERVICE**

**B** Enter Code from Instructions  
812990

**C** Business Name (If No Separate Business Name, Leave Blank.)

**D** Employer ID Number (EIN), if Any

**E** Business Address (include suite or room no.)  
City or Post Office, State, & ZIP Code  
802 TENTH AVE  
MIDDLETOWN, OH 45044

**F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) \_\_\_\_\_

**G** Did you materially participate in the operation of this business during 1999? If "No," see instructions for limit on losses ... ☒ Yes ☐ No

**H** Did you start or acquire this business during 1999, check here ☐ Yes ☐ No

Part I Income

1 Gross receipts or sales. **Caution:** If this income was reported to you on Form W-2 and the "statutory employee" box on that form was checked, see the instructions and check here ☐ 1 5,500.

2 Returns and allowances 2

3 Subtract line 2 from line 1 3 5,500.

4 Cost of goods sold (from line 42 on page 2) 4 5,400.

5 Gross profit. Subtract line 4 from line 3 5 100.

6 Other income, including federal and state gasoline or fuel tax credit or refund 6

7 Gross income. Add lines 5 and 6 7 100.

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising 8	19 Pension and profit-sharing plans 19
9 Receipts from sales or services (see instructions) 9	20 Rent or lease (see instructions):
10 Car and truck expenses (see instrs) 10	a Vehicles, machinery, and equipment 20a
11 Commissions and fees 11	b Other business property 20b
12 Depreciation 12	21 Repairs and maintenance 21
13 Depreciation and Section 179 expense deduction (not included in Part III) (see instructions) 13	22 Supplies (not included in Part III) 22
14 Employee benefit programs (other than on line 19) 14	23 Taxes and licenses 23
15 Insurance (other than health) 15	24 Travel, meals, and entertainment:
16 Interest:	a Travel 24a
a Mortgage (add to banks, etc) 16a	b Meals and entertainment 24b
b Other 16b	c Enter nondeductible amount included on line 24b (see instructions) 24c
17 Legal & professional services 17	d Subtract line 24c from line 24b 24d
18 Office expense 18	25 Utilities 25
28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns 28	26 Wages (less employment credits) 26
29 Tentative profit (loss). Subtract line 28 from line 7 29 100.	27 Other expenses (from line 48 on page 2) 27
30 Expenses for business use of your home. Attach Form 8829 30	31 Net profit or (loss). Subtract line 30 from line 29. 31 100.
31 Net profit or (loss). Subtract line 30 from line 29.	
• If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.	
• If a loss, you must go on to line 32.	
32 If you have a loss, check the box that describes your investment in this activity (see instructions).	
• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.	32a <input type="checkbox"/> All investment is at risk.
• If you checked 32b, you must attach Form 6198.	32b <input type="checkbox"/> Some investment is not at risk.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule C (Form 1040) 1999

FD-20112 10/21/99

BERT 0006  
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Schedule C (Form 1040) 1999 VIVIAN D BERT

Page 2

**Part III Cost of Goods Sold** (see instructions)33 Method(s) used to value closing inventory: a ☒ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?  
If "Yes," attach explanation☐ Yes ☒ No35 Inventory at beginning of year. If different from last year's closing inventory,  
attach explanation

35 250.

36 Purchases less cost of items withdrawn for personal use

36 750.

37 Cost of labor. Do not include any amounts paid to yourself

37 4,500.

38 Materials and supplies

38 200.

39 Other costs

39 50.

40 Add lines 35 through 39

40 5,750.

41 Inventory at end of year

41 350.

42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4

42 5,400.

**Part IV Information on Your Vehicle.** Complete this part **Only** if you are claiming car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file.

43 When did you place your vehicle in service for business purposes? (month, day, year)

44 Of the total number of miles you drove your vehicle during 1999, enter the number of miles you used your vehicle for:  
a Business b Commuting c Other45 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No46 Was your vehicle available for use during off duty hours? ☐ Yes ☐ No47 a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written?

☐ Yes ☐ No**Part V Other Expenses.** List below business expenses not included on lines 8 - 26 or line 30.

48 Total other expenses. Enter here and on page 1, line 27

48

Schedule C (Form 1040) 1999

FD-20112 10/21/99

BERT 0007  
BERT V. AK STEEL

BERT 0008  
BERT V. AK STEEL

**BERT 0008**



Form 1040 (2000) VIVIAN D BERT

**Tax and Credits**

**Standard Deduction for Most People**

Single: \$4,600

Head of household: \$6,450

Married filing jointly or Qualifying widow(er): \$7,350

Married filing separately: \$3,675

34 Amount from line 33 (adjusted gross income) 34 13,446.  
35a Check if: ☐ You were 65/older, ☐ Blind; ☐ Spouse was 65/older, ☐ Blind.  
Add the number of boxes checked above and enter the total here 35a

b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see instructions and check here 35b

36 Enter your itemized deductions from Schedule A, line 28, or standard deduction shown on the left. But see instructions to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent 36 6,450.

37 Subtract line 36 from line 34 37 6,996.

38 If line 34 is \$96,700 or less, multiply \$2,800 by the total number of exemptions claimed on line 6d. If line 34 is over \$96,700, see the worksheet in the instructions for the amount to enter 38 5,600.

39 Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0- 39 1,396.

40 Tax (see instrs). Check if any tax is from a ☐ Form(s) 8814 b ☐ Form 4972 40 208.

41 Alternative minimum tax. Attach Form 6251 41

42 Add lines 40 and 41 42 208.

43 Foreign tax credit. Attach Form 1116 if required 43

44 Credit for child and dependent care expenses. Attach Form 2441 44

45 Credit for the elderly or the disabled. Attach Schedule R 45

46 Education credits. Attach Form 8863 46

47 Child tax credit (see instructions) 47 208.

48 Adoption credit. Attach Form 8839 48

49 Other. Check if from a ☐ Form 3800 b ☐ Form 8396 c ☐ Form 8801 d ☐ Form (specify) 49

50 Add lines 43 through 49. These are your total credits 50 208.

51 Subtract line 50 from line 42. If line 50 is more than line 42, enter -0- 51 0.

52 Self-employment tax. Attach Schedule SE 52 162.

53 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 53

54 Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required 54

55 Advance earned income credit payments from Form(s) W-2 55

56 Household employment taxes. Attach Schedule H 56

57 Add lines 51-56. This is your total tax 57 162.

**Other Taxes**

**Payments**

If you have a qualifying child, attach Schedule EIC.

58 Federal income tax withheld from Forms W-2 and 1099 58 601.

59 2000 estimated tax payments and amount applied from 1999 return 59

60a Earned income credit (EIC) 60a 2,211.

b Nontaxable earned income: amount and type 60b

61 Excess social security and RRTA tax withheld (see instrs) 61

62 Additional child tax credit. Attach Form 8812 62

63 Amount paid with request for extension to file (see instructions) 63

64 Other payments. Check if from a ☐ Form 2439 b ☐ Form 4136 64

65 Add lines 58, 59, 60a, and 61 through 64. These are your total payments 65 2,812.

**Refund**

Have it directly deposited! See instructions and fill in 67b, 67c, and 67d.

66 If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid 66 2,650.

67a Amount of line 66 you want refunded to you 67a 2,650.

b Routing number c Type: ☐ Checking ☒ Savings

d Account number

68 Amount of line 66 you want applied to your 2001 estimated tax 68

**Amount You Owe**

69 If line 57 is more than line 65, subtract line 65 from line 57. This is the amount you owe. For details on how to pay, see instructions 69

70 Estimated tax penalty. Also include on line 69 70

**Sign Here**

Joint return? See instructions. Keep a copy for your records.

Your Signature

Date

Your Occupation

Daytime Phone Number

FDIA0112 10/30/00

Spouse's Signature, if a Joint Return. Both Must Sign.

Date

security guard

Spouse's Occupation

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☐ No

**Paid Preparer's Use Only**

Preparer's Signature

Date

Check if self-employed ☐

Preparer's SSN or PTIN

Firm's Name (or yours if self-employed), Address, and ZIP Code

Self-prepared

EIN

Phone No.

Form 1040 (2000)

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**Schedule EIC**  
(Form 1040A or 1040)Department of the Treasury  
Internal Revenue Service (99)

Name(s) Shown on Return

**Earned Income Credit  
Qualifying Child Information**Complete and attach to Form 1040A or 1040  
only if you have a qualifying child.

OMB No. 1545-0074

**2000**  
**43**

Your Social Security Number

VIVIAN D BERT

**Before you begin:**See the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 60a and 60b, to make sure that  
(1) you can take the EIC and (2) you have a qualifying child.

- Caution:**
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
  - It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
  - Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

**Qualifying Child Information****Child 1****Child 2**

	First name	Last name	First name	Last name
<b>1 Child's name</b> If you have more than two qualifying children, you only have to list two to get the maximum credit	MALIQUE	D BERT		
<b>2 Child's SSN</b> The child must have an SSN as defined in the Form 1040A or Form 1040 instructions unless the child was born and died in 2000. If your child was born and died in 2000 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate				
<b>3 Child's year of birth</b>	Year <u>1994</u> If born after 1981, skip lines 4a and 4b; go to line 5.		Year _____ If born after 1981, skip lines 4a and 4b; go to line 5.	
<b>4 If the child was born before 1982 –</b>				
a Was the child under age 24 at the end of 2000 and a student?	<input type="checkbox"/> Yes. Go to line 5. <input type="checkbox"/> No. Continue		<input type="checkbox"/> Yes. Go to line 5. <input type="checkbox"/> No. Continue	
b Was the child permanently and totally disabled during any part of 2000?	<input type="checkbox"/> Yes. Continue <input type="checkbox"/> No. The child is not a qualifying child.		<input type="checkbox"/> Yes. Continue <input type="checkbox"/> No. The child is not a qualifying child.	
<b>5 Child's relationship to you</b> (for example, son, daughter, grandchild, foster child, etc)	Son			
<b>6 Number of months child lived with you in the United States during 2000</b>				
<ul style="list-style-type: none"> <li>If the child lived with you for more than half of 2000 but less than 7 months, enter "7".</li> <li>If the child was born or died in 2000 and your home was the child's home for the entire time he or she was alive during 2000, enter "12"</li> </ul>	<u>12</u> months Do not enter more than 12 months.		_____ months Do not enter more than 12 months.	

Do you want part of the EIC added to your take home pay in 2001? To see if you qualify, get Form W-5 from your employer or by calling the IRS at 1-800-TAX-FORM (1-800-829-3676).

BAA For Paperwork Reduction Act Notice, see Form 1040A or 1040 instructions.

Schedule EIC (Form 1040A or 1040) 2000

CONFIDENTIAL

**Schedule SE  
(Form 1040)****Self-Employment Tax**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service (99)

▶ See instructions for Schedule SE (Form 1040).

**2000**

▶ Attach to Form 1040.

**17**

Name of Person with Self-Employment Income (as shown on Form 1040)

VIVIAN D BERT

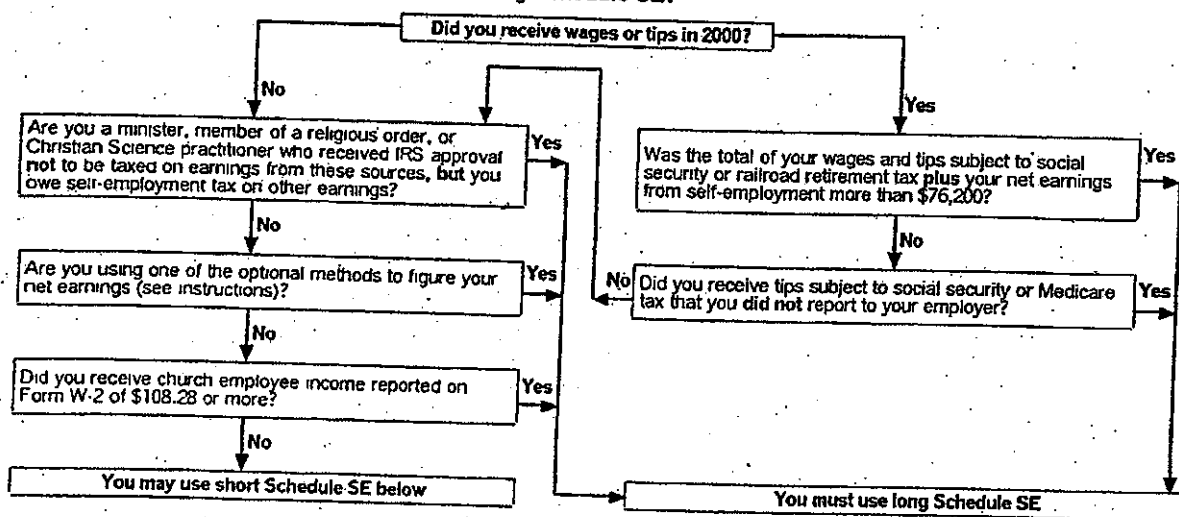
Social Security Number of Person  
with Self-Employment Income ▶**Who Must File Schedule SE**

You must file Schedule SE if:

- You had net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income. See instructions.

**Note:** Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either 'optional method' in Part II of Long Schedule SE. See instructions.

**Exception:** If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, **do not** file Schedule SE. Instead, write 'Exempt - Form 4361' on Form 1040, line 52.

**May I Use Short Schedule SE or Must I Use Long Schedule SE?****Section A – Short Schedule SE.** Caution: Read above to see if you can use Short Schedule SE.

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a	1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065-B), line 15a (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see instructions for amounts to report on this line. See instructions for other income to report	2	1,143.
3	Combine lines 1 and 2	3	1,143.
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax	4	1,056.
5	Self-employment tax. If the amount on line 4 is: • \$76,200 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 52. • More than \$76,200, multiply line 4 by 2.9% (.029). Then, add \$9,448.80 to the result. Enter the total here and on Form 1040, line 52.	5	162.
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 27	6	
BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.		81.	

Schedule SE (Form 1040) 2000

FDIA1101 11/22/00

BERT 0011  
BERT V. AK STEEL

Page 2

33 Method(s) used to value closing inventory:    a ☐ Cost    b ☐ Lower of cost or market    c ☐ Other (attach explanation)

34. Is there any change in determining quantities, costs, or valuations between opening and closing inventory?  
If 'Yes,' attach explanation \_\_\_\_\_

☐ Yes ☐ No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation.

		169	No.
35			

36 Purchases less cost of items withdrawn for personal use.

36	500.
----	------

**37. Cost of labor.** Do not include any amounts paid to yourself.

37	657.
----	------

### 38 Materials and supplies

38	225.
----	------

**39 Other costs**

39	400.
----	------

**40** Add lines 35 through 39

40	1,782.
----	--------

41 Inventory at end of year

41	
----	--

**42 Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on page 1, line 4.

42	1.782.
----	--------

**2941**

### Information on Your Vehicle

**Information on your vehicle.** Complete this part only if you are claiming car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file.

43 When did you place your vehicle in service for business purposes? (month, day, year)

44 Of the total number of miles you drove your vehicle during 2000, enter the number of miles you used your vehicle for:

## a Business

**b Commuting**

**cOther**

45 Do you (or your spouse) have another vehicle available for personal use?

☐ Yes ☐ No

46 Was your vehicle available for use during off-duty hours?

☐ Yes ☐ No

**47a** Do you have evidence to support your deduction?

☐ Yes ☐ No

**b If 'Yes,' is the evidence written?**

☐ Yes ☐ No

## Part V

**Other Expenses.** List here

**Other Expenses.** List below business expenses not included on lines 8 - 26 or line 30.

**48 Total other expenses.** Enter here and on page 1, line 27

Schedule C (Form 1040) 2000

CONFIDENTIAL

Schedule C  
(Form 1040)Profit or Loss from Business  
(Sole Proprietorship)

OMB No. 1545-0074

2000

09

Department of the Treasury  
Internal Revenue Service

(99)

Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.  
Attach to Form 1040 or Form 1041. See instructions for Schedule C (Form 1040).

Name of Proprietor

Social Security Number (SSN)

VIVIAN D BERT

A Principal Business or Profession. Including Product or Service (see instructions)

BABY SITTING

B Enter Code from Instructions

812990

C Business Name. If No Separate Business Name, Leave Blank

D Employer ID Number (EIN), if Any

E Business Address (including suite or room no.)  
City, Town or Post Office, State, & ZIP Code1812 cherry street  
MIDDLETOWN, OH 45044F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) \_\_\_\_\_G Did you 'materially participate' in the operation of this business during 2000? If 'No,' see instructions for limit on losses ... ☒ Yes ☐ No

H If you started or acquired this business during 2000, check here

## Part I Income

1 Gross receipts or sales. <b>Caution:</b> If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see the instructions and check here	1	4,800.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	4,800.
4 Cost of goods sold (from line 42 on page 2)	4	1,782.
5 Gross profit. Subtract line 4 from line 3	5	3,018.
6 Other income, including federal and state gasoline or fuel tax credit or refund	6	
7 Gross income. Add lines 5 and 6	7	3,018.

## Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8		19 Pension and profit-sharing plans	19	
9 Bad debts from sales or services (see instructions)	9		20 Rent or lease (see instructions):		
10 Car and truck expenses (see instrs)	10		a Vehicles, machinery, and equipment	20a	
11 Commissions and fees	11		b Other business property	20b	
12 Depletion	12		21 Repairs and maintenance	21	300.
13 Depreciation and Section 179 expense deduction (not included in Part III) (see instructions)	13		22 Supplies (not included in Part III)	22	
14 Employee benefit programs (other than on line 19)	14		23 Taxes and licenses	23	
15 Insurance (other than health)	15	525.	24 Travel, meals, and entertainment:		
16 Interest:			a Travel	24a	
a Mortgage (paid to banks, etc)	16a		b Meals and entertainment		
b Other	16b		c Enter nondeductible amount included on line 24b (see instructions)		
17 Legal & professional services	17	325.	d Subtract line 24c from line 24b	24d	
18 Office expense	18	300.	25 Utilities	25	425.
28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28	1,875.	26 Wages (less employment credits)	26	
29 Tentative profit (loss). Subtract line 28 from line 7	29	1,143.	27 Other expenses (from line 48 on page 2)	27	
30 Expenses for business use of your home. Attach Form 8829	30				
31 Net profit or (loss). Subtract line 30 from line 29.	31	1,143.			

• If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.

• If a loss, you must go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.

• If you checked 32b, you must attach Form 6798.

32a ☒ All investment is at risk.32b ☐ Some investment is not at risk.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule C (Form 1040) 2000

FD-20112 11/21/00

BERT 0013  
BERT V. AK STEEL



CONFIDENTIAL

IT-1040

## Ohio Income Tax Return

2000

For the year Jan 1 - Dec 31, 2000 or other taxable year ending

Social security number(s) must be entered below:

First Name <b>VIVIAN</b>	Initial <b>D</b>	Last Name <b>BERT</b>	Your Social Security Number	Filing Status — check only one <input checked="" type="checkbox"/> Single or Head of Household <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separately, enter spouse's SSN
If a Joint Return, Spouse's First Name	Initial	Last Name	Spouse's Social Security No.	
Home Address (number and street) <b>1812 cherry street</b>			Apt Number	
Town or Post Office <b>MIDDLETOWN</b>			State <b>OH</b>	ZIP Code <b>45044</b>
Ohio Residency Status (see instructions): <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Nonresident			Part-year resident From <b>00</b> To <b>00</b>	Ohio Public School District Number <b>0906</b>
Ohio Political Party Fund Do you want \$1 to go to this fund? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			If joint return, does your spouse want \$1 to go to this fund? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<b>Income</b>	
1 Federal adjusted gross income (from federal Form 1040, line 33; or 1040A, line 19; or 1040EZ, line 4; or 1040-T, line 44)	13,446.
2 Ohio adjustments (from line 44 on page 2 of this return)	
3 Ohio adjusted gross income (line 2 subtracted from or added to line 1)	13,446.
4 Multiply your personal and dependent exemptions <b>2</b> times \$1,100 and enter the result here	2,200.
5 Ohio taxable income (subtract line 4 from line 3)	11,246.
<b>Tax and Credits</b>	
6 Ohio tax before credits (see tax tables)	138.
7 Credits from Schedule B (line 53 on page 2 of this return)	
8 Ohio tax less Schedule B credits (Subtract line 7 from line 6, enter zero.)	138.
9 Exemption Credit: Number of personal and dependent exemptions <b>2</b> times \$20	40.
10 Ohio tax less Exemption Credit (Subtract line 9 from line 8, enter zero.)	98.
11 Joint Filing Credit (see instructions and attach documentation) <b>2</b> times line 10 (Limit \$650)	98.
12 Ohio tax less Joint Filing Credit (subtract line 11 from line 10)	98.
13 Resident/Nonresident/Part-Year Credits (Schedules C or D) and Nonrefundable Business Credits (attach Schedule E)	
14 Ohio income tax (Subtract line 13 from line 12, enter zero.)	98.
15 Interest penalty on underpayment of estimated tax. Check <input type="checkbox"/> if form IT-2210 is attached	
16 Ohio use tax (please see worksheet)	
17 Total Ohio tax (please add line 14, line 15, and line 16)	98.

<b>Payments</b>	
18 Ohio tax withheld (box 18 on your W-2) (attach W-2's to page 2 of this form) Amount Withheld	151.
19 Ohio estimated tax, IT-40P payments for 2000, and 1999 overpayment credited to 2000	
20 Refundable Business Jobs Credit 20a Refundable Pass-through Entity Credits 20b	
21 Add lines 18, 19, and 20 Total Payments	151.

<b>Refund or Amount You Owe</b>	
22 If line 21 is less than line 17, subtract line 21 from line 17. Attach payment made payable to Treasurer of State of Ohio. Check here <input type="checkbox"/> If you have paid or will pay with a credit card (see instructions) Amount You Owe	
23 If line 21 is greater than line 17, subtract line 17 from line 21 Amount Overpaid	53.
24 Amount of line 23 you wish to donate for conservation of endangered species and wildlife diversity: \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other <input type="checkbox"/> Check box and enter amount on line 24	
25 Amount of line 23 you wish to donate for nature preserves, scenic rivers, and endangered species protection: \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other <input type="checkbox"/> Check box and enter amount on line 25	
26 Amount of line 23 to be credited to 2001 estimated tax liability Credit	
27 Amount of line 23 to be refunded (subtract amounts on lines 24, 25, and 26 from line 23) Your Refund	53.

If the balance due is less than \$1.01 payment need not be made, and if the overpayment is less than \$1.01, no refund will be issued. I have read this return. Under penalties of perjury, I declare that to the best of my knowledge and belief, the return is true, correct, and complete.

OHIA0512 01/03/01

Sign Here	Your Signature	Date
	Spouse's Signature (if filing jointly, both must sign)	Phone number (optional) <b>(513) 671-2300</b>
	Preparer's Signature and address (including ZIP code)	Preparer's Phone Number
	<b>SELF-PREPARED</b>	
	Preparer's Address (including ZIP code)	

<b>For Departmental Use Only</b>	
Refund/Credit Requested — Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, Ohio 43270-2679	Payment Enclosed — Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, Ohio 43270-2057

BERT 0014  
BERT V. AK STEEL

CONFIDENTIAL

Form **1040** Department of the Treasury — Internal Revenue Service  
**U.S. Individual Income Tax Return 2001** (99) IRS use only — Do not write or staple in this space.

For the year Jan 1 - Dec 31, 2001, or other tax year beginning 2001, ending 20

**Label** (See instructions.)  
 Your First Name **VIVIAN** MI Last Name **D BERT** OMB No. 1545-0074  
 If a Joint Return, Spouse's First Name MI Last Name  
 Home Address (number and street). If You Have a P.O. Box, See Instructions. Apartment No.  
**1812 cherry street**  
 City, Town or Post Office, If You Have a Foreign Address, See Instructions. State ZIP Code  
**MIDDLETOWN OH 45044**

**Use the IRS label. Otherwise, please print or type.**

**Presidential Election Campaign** (See instructions.)

**Filing Status**

1 ☐ Single  
 2 ☐ Married filing joint return (even if only one had income)  
 3 ☐ Married filing separate return. Enter spouse's SSN above & full name here  
 4 ☒ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here  
 5 ☐ Qualifying widow(er) with dependent child (year spouse died: ) (See instructions.)

**Check only one box.**

**Exemptions**

6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a  
 b ☐ Spouse  
 c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)	No. of boxes checked on 6a and 6b	No. of your children on 6c who:
MALIQUE D	BERT		Son	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> lived with you <input type="checkbox"/> did not live with you due to divorce or separation (see instrs)

d Total number of exemptions claimed **2**

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2  
 8a Taxable interest. Attach Schedule B if required  
 b Tax-exempt interest. Do not include on line 8a  
 9 Ordinary dividends. Attach Schedule B if required  
 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)  
 11 Alimony received  
 12 Business income or (loss). Attach Schedule C or C-EZ  
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here  
 14 Other gains or (losses). Attach Form 4797  
 15a Total IRA distributions  
 15b Taxable amount (see instrs)  
 16a Total pensions & annuities **2,821.**  
 16b Taxable amount (see instrs) **2,695.**  
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E  
 18 Farm income or (loss). Attach Schedule F  
 19 Unemployment compensation  
 20a Social security benefits  
 20b Taxable amount (see instrs)  
 21 Other income  
 22 Add the amounts in the far right column for lines 7 through 21. This is your total income **10,490.**

**Adjusted Gross Income**

23 IRA deduction (see instructions)  
 24 Student loan interest deduction (see instructions)  
 25 Archer MSA deduction. Attach Form 8853  
 26 Moving expenses. Attach Form 3903  
 27 One-half of self-employment tax. Attach Schedule SE  
 28 Self-employed health insurance deduction (see instructions) **551.**  
 29 Self-employed SEP, SIMPLE, and qualified plans  
 30 Penalty on early withdrawal of savings  
 31a Alimony paid b Recipient's SSN  
 31a  
 32 Add lines 23 through 31a  
 32 **551.**  
 33 Subtract line 32 from line 22. This is your adjusted gross income **9,939.**

**Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.**

**If you did not get a W-2, see instructions.**

**Enclose, but do not attach, any payment. Also, please use Form 1040-V.**

**BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.**

FDIAQ112 12/10/01 Form 1040 (2001)

BERT 0015  
BERT V. AK STEEL

Form 1040 (2001) **VIVIAN D BERT**

Page 2

**Tax and Credits**

**Standard Deduction for —**

• People who checked any box on line 33a or 35b or who can be claimed as a dependent see instructions.

• All others:  
 Single: \$4,550

Head of household, \$6,650

Married filing jointly or Qualifying widow(er), \$7,600

Married filing separately, \$3,800

34 Amount from line 33 (adjusted gross income) 34 9,939.

35a Check if: ☐ You were 65/older, ☐ Blind; ☐ Spouse was 65/older, ☐ Blind.  
 Add the number of boxes checked above and enter the total here 35a

b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see instructions and check here 35b

36 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 36 6,650.

37 Subtract line 36 from line 34 37 3,289.

38 If line 34 is \$99,725 or less, multiply \$2,900 by the total number of exemptions claimed on line 6d. If line 34 is over \$99,725, see the worksheet in the instructions 38 5,800.

39 Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0- 39 0.

40 Tax (see instrs). Check if any tax is from a ☐ Form(s) 8814 b ☐ Form 4972 40 0.

41 Alternative minimum tax (see instructions). Attach Form 6251 41 0.

42 Add lines 40 and 41 42 0.

43 Foreign tax credit. Attach Form 1116 if required 43

44 Credit for child and dependent care expenses. Attach Form 2441 44

45 Credit for the elderly or the disabled. Attach Schedule R 45

46 Education credits. Attach Form 8863 46

47 Rate reduction credit. See the worksheet 47

48 Child tax credit (see instructions) 48 0.

49 Adoption credit. Attach Form 8839 49

50 Other credits from a ☐ Form 3800 b ☐ Form 8396 c ☐ Form 8801 d ☐ Form (specify) 50

51 Add lines 43 through 50. These are your total credits 51 0.

52 Subtract line 51 from line 42. If line 51 is more than line 42, enter -0- 52 0.

53 Self-employment tax. Attach Schedule SE 53 1,101.

54 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 54

55 Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required 55

56 Advance earned income credit payments from Form(s) W-2 56

57 Household employment taxes. Attach Schedule H. 57

58 Add lines 52-57. This is your total tax 58 1,101.

59 Federal income tax withheld from Forms W-2 and 1099 59

60 2001 estimated tax payments and amount applied from 2000 return 60

61a Earned income credit (EIC) 61a 2,428.

b Nontaxable earned income 61b

62 Excess social security and RRTA tax withheld (see instrs) 62

63 Additional child tax credit. Attach Form 8812 63

64 Amount paid with request for extension to file (see instructions) 64

65 Other payments. Check if from a ☐ Form 2439 b ☐ Form 4136 65

66 Add lines 59, 60, 61a, and 62 through 65. These are your total payments 66 2,428.

67 If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid 67 1,327.

68a Amount of line 67 you want refunded to you 68a 1,327.

b Routing number c Type: ☒ Checking ☐ Savings

d Account number 69

70 Amount you owe. Subtract line 66 from line 58. For details on how to pay, see instructions 70

71 Estimated tax penalty. Also include on line 70 71

**Other Taxes**

**Payments**

If you have a qualifying child, attach Schedule EIC.

FDIA0112 12/10/01

**Refund**

Direct deposit? See instructions and fill in 68b, 68c, and 68d.

**Amount You Owe**

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ No

**Sign Here**

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your Signature Date Your Occupation security guard Daytime Phone Number

Spouse's Signature, if a Joint Return. Both Must Sign. Date Spouse's Occupation

**Paid Preparer's Use Only**

Preparer's Signature Date Check if self-employed ☐ Self-Prepared

Firm's Name (or yours if self-employed) EIN Phone No.

Address and ZIP Code

BERT 0016  
 BERT V. AK STEEL

Form 1040 (2001)

CONFIDENTIAL

Schedule C  
(Form 1040)Profit or Loss from Business  
(Sole Proprietorship)

OMB No. 1545-0074

2001  
09Department of the Treasury  
Internal Revenue Service (99)Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.  
Attach to Form 1040 or Form 1041. See instructions for Schedule C (Form 1040).

Name of Proprietor

VIVIAN D BERT

Social Security Number (SSN)

A Principal Business or Profession, Including Product or Service (see instructions)

Cleaning Service

B Enter Code from Instructions

561720

C Business Name, if No Separate Business Name, Leave Blank.

D Employer ID Number (EIN), if Any

E Business Address (including suite or room no.) 1812 cherry street  
City or Post Office, State, and ZIP Code MIDDLETOWN, OH 45044F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify)G Did you 'materially participate' in the operation of this business during 2001? If 'No,' see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2001, check here

## Part I Income

1 Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see the instructions and check here <input type="checkbox"/>	1	4,000.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	4,000.
4 Cost of goods sold (from line 42 on page 2)	4	
5 Gross profit. Subtract line 4 from line 3	5	4,000.
6 Other income, including federal and state gasoline or fuel tax credit or refund	6	
7 Gross income. Add lines 5 and 6	7	4,000.

## Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8		19 Pension and profit-sharing plans	19	
9 Bad debts from sales or services (see instructions)	9		20 Rent or lease (see instructions):		
10 Car and truck expenses (see instrs)	10		a Vehicles, machinery, and equipment	20a	625.
11 Commissions and fees	11		b Other business property	20b	
12 Depletion	12		21 Repairs and maintenance	21	
13 Depreciation and Section 179 expense deduction (not included in Part III) (see instructions)	13		22 Supplies (not included in Part III)	22	425.
14 Employee benefit programs (other than on line 19)	14		23 Taxes and licenses	23	125.
15 Insurance (other than health)	15	325.	24 Travel, meals, and entertainment:		
16 Interest:			a Travel	24a	
a Mortgage (paid to banks, etc)	16a		b Meals and entertainment		
b Other	16b		c Enter nondeductible amount included on line 24b (see instrs)		
17 Legal & professional services	17	150.	d Subtract line 24c from line 24b	24d	
18 Office expense	18	125.	25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28		26 Wages (less employment credits)	26	
			27 Other expenses (from line 48 on page 2)	27	
29 Tentative profit (loss). Subtract line 28 from line 7	29				
30 Expenses for business use of your home. Attach Form 8829	30				
31 Net profit or (loss). Subtract line 30 from line 29.	31				

• If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.

• If a loss, you must go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.

• If you checked 32b, you must attach Form 6198.

32a ☐ All investment is at risk.32b ☐ Some investment is not at risk.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule C (Form 1040) 2001

FD20112 10/31/01

BERT 0017  
BERT V. AK STEEL



CONFIDENTIAL

Schedule C (Form 1040) 2001 VIVIAN D BERT

Page 2

**Part III Cost of Goods Sold** (see instructions)33 Method(s) used to value closing inventory a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?  
If "Yes," attach explanation☐ Yes ☐ No35 Inventory at beginning of year. If different from last year's closing inventory,  
attach explanation

35

36 Purchases less cost of items withdrawn for personal use

36

37 Cost of labor. Do not include any amounts paid to yourself

37

38 Materials and supplies

38

39 Other costs

39

40 Add lines 35 through 39

40

41 Inventory at end of year

41

42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4

42

**Part IV Information on Your Vehicle.** Complete this part only if you are claiming car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file.

43 When did you place your vehicle in service for business purposes? (month, day, year)

44 Of the total number of miles you drove your vehicle during 2001, enter the number of miles you used your vehicle for:  
a Business b Commuting c Other

45 Do you (or your spouse) have another vehicle available for personal use?

☐ Yes ☐ No

46 Was your vehicle available for personal use during off-duty hours?

☐ Yes ☐ No

47a Do you have evidence to support your deduction?

☐ Yes ☐ No

b If "Yes," is the evidence written?

☐ Yes ☐ No**Part V Other Expenses.** List below business expenses not included on lines 8 - 26 or line 30.

48 Total other expenses. Enter here and on page 1, line 27

48

Schedule C (Form 1040) 2001

FD/20112 10/30/01

BERT 0018  
BERT V. AK STEEL



CONFIDENTIAL

Schedule C  
(Form 1040)Profit or Loss from Business  
(Sole Proprietorship)

OMB No. 1545-0074

2001

09

Department of the Treasury  
Internal Revenue Service (99)Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.  
Attach to Form 1040 or Form 1041. See instructions for Schedule C (Form 1040).

Name of Proprietor

Social Security Number (SSN)

VIVIAN D BERT

A Principal business or profession, including product or service (see instructions)

Home Care

B Enter Code from Instructions

621610

C Business Name, If No Separate Business Name, Leave Blank.

D Employer ID Number (EIN), if Any

E Business Address (including suite or room no.) 1812 cherry st.

City, State, and ZIP Code middletown Ohio 45044

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify)G Did you 'materially participate' in the operation of this business during 2001? If 'No,' see instructions for limit on losses. ☒ Yes ☐ NoH If you started or acquired this business during 2001, check here ☒ ☐

## Part I Income

1 Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see the instructions and check here <input type="checkbox"/>	1	6,000.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	6,000.
4 Cost of goods sold (from line 42 on page 2)	4	
5 Gross profit. Subtract line 4 from line 3	5	6,000.
6 Other income, including federal and state gasoline or fuel tax credit or refund	6	
7 Gross income. Add lines 5 and 6	7	6,000.

## Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8		19 Pension and profit-sharing plans	19	
9 Bad debts from sales or services (see instructions)	9		20 Rent or lease (see instructions):		
10 Car and truck expenses (see instrs)	10		a Vehicles, machinery, and equipment	20a	
11 Commissions and fees	11		b Other business property	20b	
12 Depletion	12		21 Repairs and maintenance	21	
13 Depreciation and Section 179 expense deduction (not included in Part III) (see instructions)	13		22 Supplies (not included in Part III)	22	
14 Employee benefit programs (other than on line 19)	14		23 Taxes and licenses	23	
15 Insurance (other than health)	15	125.	24 Travel, meals, and entertainment:		
16 Interest:			a Travel	24a	
a Mortgage (paid to banks, etc)	16a		b Meals and entertainment		
b Other	16b		c Enter nondeductible amount included on line 24b (see instrs)		
17 Legal & professional services	17	225.	d Subtract line 24c from line 24b	24d	
18 Office expense	18		25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28	350.	26 Wages (less employment credits)	26	
29 Tentative profit (loss). Subtract line 28 from line 7	29	5,650.	27 Other expenses (from line 48 on page 2)	27	
30 Expenses for business use of your home. Attach Form 8829	30				
31 Net profit or (loss). Subtract line 30 from line 29.	31	5,650.			

• If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.

• If a loss, you must go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.

• If you checked 32b, you must attach Form 6198.

32a ☐ All investment is at risk.

32b ☐ Some investment is not at risk.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule C (Form 1040) 2001

FD/20112 10/31/01

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Page 2

## Page 2

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?  
If 'Yes,' attach explanation \_\_\_\_\_

☐ Yes ☐ No

35

36

37

38

39

40

41

42

**Part IV** Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file.

\_\_\_\_\_

## a Business

### **b Commuting**

cOther

☐ Yes ☐ No☐ Yes    ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

**Part V. Other Expenses.** List below business expenses not included on lines 8 – 26 or line 30.

[illegible]

Schedule C (Form 1040) 2001

**Schedule SE**  
(Form 1040)

**Self-Employment Tax**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service (99)

See instructions for Schedule SE (Form 1040).  
Attach to Form 1040.

**2001**

17

Name of Person with Self-Employment Income (as shown on Form 1040)

VIVIAN D BERT

Social Security Number of Person  
with Self-Employment Income

**Who Must File Schedule SE**

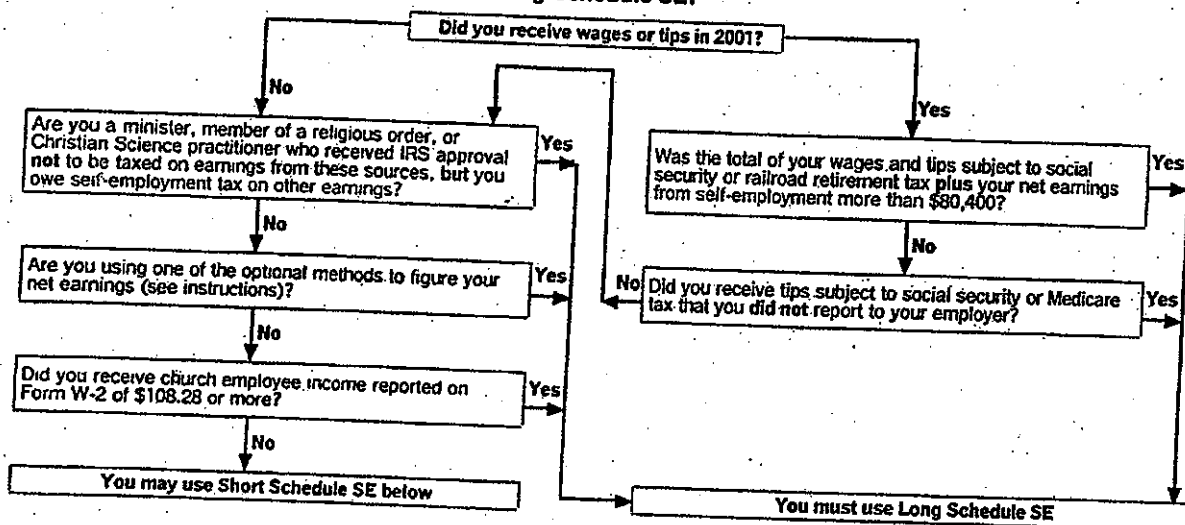
You must file Schedule SE if:

- You had net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income. See instructions.

**Note.** Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either 'optional method' in Part II of Long Schedule SE. See instructions.

**Exception.** If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write 'Exempt - Form 4361' on Form 1040, line 53.

**May I Use Short Schedule SE or Must I Use Long Schedule SE?**



**Section A - Short Schedule SE.** Caution: Read above to see if you can use Short Schedule SE.

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a	1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see instructions for amounts to report on this line. See instructions for other income to report	2	7,795.
3	Combine lines 1 and 2	3	7,795.
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax	4	7,199.
5	Self-employment tax. If the amount on line 4 is: • \$80,400 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 53. • More than \$80,400, multiply line 4 by 2.9% (.029). Then, add \$9,969.60 to the result. Enter the total here and on Form 1040, line 53.	5	1,101.
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 27	6	551.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule SE (Form 1040) 2001

FOIA1101 10/30/01

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Schedule EIC  
(Form 1040A or 1040)Dept. of the Treasury  
Internal Revenue Service (99)

Name(s) Shown on Return

VIVIAN D BERT

Earned Income Credit  
Qualifying Child InformationComplete and attach to Form 1040A or 1040  
only if you have a qualifying child.

OMB No. 1545-0074

2001

43

Your Social Security Number

## Before you begin:

See the instructions for Form 1040A, lines 39a and 39b, or Form 1040, lines 61a and 61b, to make sure that  
(a) you can take the EIC and (b) you have a qualifying child.

- Caution:**
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
  - It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
  - Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

## Qualifying Child Information

## Child 1

## Child 2

1 Child's name	First name	Last name	First name	Last name
If you have more than two qualifying children, you only have to list two to get the maximum credit.	MALIQUE	D BERT		
2 Child's SSN				
The child must have an SSN as defined in the Form 1040A or Form 1040 instructions unless the child was born and died in 2001. If your child was born and died in 2001 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate.				
3 Child's year of birth	Year 1993		Year	
	If born after 1982, skip lines 4a and 4b; go to line 5.		If born after 1982, skip lines 4a and 4b; go to line 5.	
4 If the child was born before 1983 –				
a Was the child under age 24 at the end of 2001, and a student?	<input type="checkbox"/> Yes. Go to line 5. <input type="checkbox"/> No. Continue		<input type="checkbox"/> Yes. Go to line 5. <input type="checkbox"/> No. Continue	
b Was the child permanently and totally disabled during any part of 2001?	<input type="checkbox"/> Yes. Continue <input type="checkbox"/> No. The child is not a qualifying child.		<input type="checkbox"/> Yes. Continue <input type="checkbox"/> No. The child is not a qualifying child.	
5 Child's relationship to you (for example, son, daughter, grandchild, foster child, etc)	Son			
6 Number of months child lived with you in the United States during 2001	12 months Do not enter more than 12 months.		months Do not enter more than 12 months.	
<ul style="list-style-type: none"> <li>If the child lived with you for more than half of 2001 but less than 7 months, enter "7".</li> <li>If the child was born or died in 2001 and your home was the child's home for the entire time he or she was alive during 2001, enter "12".</li> </ul>				

**TIP** You may also be able to take the additional child tax credit if your child (a) was under age 17 at the end of 2001, (b) is claimed as your dependent on line 6c of Form 1040A or Form 1040, and (c) is a U.S. citizen or resident alien. For more details see the instructions for line 40 of Form 1040A or line 63 of Form 1040.

BAA For Paperwork Reduction Act Notice, see Form 1040A or 1040 instructions.

Schedule EIC (Form 1040A or 1040) 2001

FDIA7401 12/10/01

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BERT V. AK STEEL

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IT-1040

## Ohio Income Tax Return

2001

For the year Jan 1 - Dec 31, 2001 or other taxable year ending

Social security number(s) must be entered below

First Name <b>VIVIAN</b>	Initial <b>D</b>	Last Name <b>BERT</b>	Your Social Security Number	Filing Status — check only one <input checked="" type="checkbox"/> Single or Head of Household <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separately, enter spouse's SSN
If a Joint Return, Spouse's First Name Initial Last Name			Spouse's Social Security No.	
Home address (number and street) <b>1812 cherry street</b>			Apt Number <b>Butl</b>	
City or Post Office <b>MIDDLETOWN</b>			State <b>OH</b>	ZIP Code <b>45044</b>
Ohio Public School District Number (See pages 33-35.) <b>0906</b>				
Ohio Residency Status (see instructions): <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Nonresident (State of residence)			<input type="checkbox"/> Part-year resident From <b>01</b> To <b>01</b>	
Ohio Political Party Fund Do you want \$1 to go to this fund? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			If joint return, does your spouse want \$1 to go to this fund? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: Checking "Yes" will not increase your tax or decrease your refund.	

<b>Income</b>	
1 Federal adjusted gross income (from federal Form 1040, line 33; or 1040A, line 19; or 1040EZ, line 4; or 1040-T, line 44)	1 9,939.
2 Ohio adjustments (from line 45 on page 2 of this return)	2
3 Ohio adjusted gross income (line 2 subtracted from or added to line 1)	3 9,939.
4 Multiply your personal and dependent exemptions <b>2</b> times \$1,150 and enter the result here	4 2,300.
5 Ohio taxable income (subtract line 4 from line 3)	5 7,639.
<b>Tax and Credits</b>	
6 Tax on line 5 (see tax tables, pages 26-32)	6 76.
7 Credits from Schedule B (line 54 on page 2 of this return)	7
8 Ohio tax less Schedule B credits (Subtract line 7 from line 6. If line 7 is more than line 6, enter zero.)	8 76.
9 Exemption Credit: Number of personal and dependent exemptions <b>2</b> times \$20	9 40.
10 Ohio tax less Exemption Credit (Subtract line 9 from line 8. If line 9 is more than line 8, enter zero.)	10 36.
11 Joint Filing Credit (see instructions and attach documentation) <b>2</b> times line 10 (Limit \$650)	11
12 Ohio tax less Joint Filing Credit (subtract line 11 from line 10)	12 36.
13 Resident/Nonresident/Part-Year Credits (Schedules C or D) and Nonrefundable Business Credits (attach Schedule E)	13
14 Ohio income tax (Subtract line 13 from line 12. If line 13 is more than line 12, enter zero.)	14 36.
15 Interest penalty on underpayment of estimated tax. Check <input type="checkbox"/> if form IT-2210 is attached	15
16 Unpaid Ohio use Tax (please see worksheet on page 24) <b>The amount you show on this line is part of your total income tax liability for this year.</b>	16
17 Total Ohio tax (add line 14, line 15, and line 16)	17 36.
<b>Payments</b>	
18 Ohio tax withheld (box 17 on your W-2) (attach W-2's to page 2 of this form) Amount Withheld	18
19 Ohio estimated tax, IT-40P payments for 2001, and 2000 overpayment credited to 2001	19
20 Refundable Business Jobs Refundable Pass-through Entity Total of 20a and 20b	20
21 Add lines 18, 19, and 20	21
<b>Refund or Amount You Owe</b>	
22 If line 21 is less than line 17, subtract line 21 from line 17. Attach payment made payable to Treasurer of State of Ohio. Check here <input type="checkbox"/> If you have paid or will pay with a credit card (see instructions)	22 36.
23 If line 21 is greater than line 17, subtract line 17 from line 21	23
24 Amount of line 23 you wish to donate for nature preserves, scenic rivers, and endangered species protection: \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other <input type="checkbox"/> Check box and enter amount on line 24	24
25 Amount of line 23 you wish to donate for conservation of endangered species and wildlife diversity: \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other <input type="checkbox"/> Check box and enter amount on line 25	25
26 Amount of line 23 to be credited to 2002 estimated tax liability Credit	26
27 Amount of line 23 to be refunded (subtract amounts on lines 24, 25, and 26 from line 23)	27

If the balance due is less than \$1.01 payment need not be made, and if the overpayment is less than \$1.01, no refund will be issued. I have read this return. Under penalties of perjury, I declare that to the best of my knowledge and belief, the return is true, correct, and complete.

OHIA0512 01/14/02

Sign Here	Your Signature	Date
	Spouse's Signature (if filing jointly, both must sign)	Phone Number (optional)
	Preparer's Signature and address (including ZIP code)	Preparer's Phone Number
	Preparer's Address (including ZIP code)	

Self-Prepared

For Departmental Use Only	
18a	U
No Payment Enclosed — Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, Ohio 43270-2679	Payment Enclosed — Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, Ohio 43270-2057

BERT 0023  
BERT V. AK STEEL



Form 1040 - VIVIAN O BERT

**Schedule A - Adjustments to Income (additions and deductions)**

**Additions - Add to the extent not included in federal adjusted gross income (line 1)**

28	Add non-Ohio state or local government interest and dividends	28 •	
29	Add pass-through entity addback	29 •	
30	Add income from an electing small business trust (ESBT - see instructions)	30 •	
31	Other, check if from:	31 •	
	<input type="checkbox"/> Federal interest and dividends subject to state taxation		
	<input type="checkbox"/> Accumulation distributions from a complex trust		
	<input type="checkbox"/> Losses from sale or disposition of Ohio Public Obligations		
	<input type="checkbox"/> Non-medical withdrawals from an Ohio medical savings account		
	<input type="checkbox"/> Reimbursements previously deducted but not included in federal adjusted gross income		
	<input type="checkbox"/> Non-educational expenditures from college savings account <b>NEW!</b>		
	<b>Total</b>		

32	Total additions (add lines 28, 29, 30, and 31)	31 •	
	<b>Deductions - See limitations in instructions</b>	32 •	

33	Deduct federal interest and dividends exempt from state taxation	33 •	
34	Deduct compensation earned in Ohio by full-year residents of neighboring states	34 •	
35	Deduct state or municipal income tax overpayments (see instructions)	35 •	
36	Deduct disability and survivorship benefits (does not include pension continuations)	36 •	
37	Deduct qualifying social security benefits and some railroad benefits	37 •	
38	Deduct contributions to a variable college savings account and/or purchase of tuition credits	38 •	
39	Deduct tuition expenses paid to a qualified Ohio educational institution <b>NEW!</b>	39 •	
40	Deduct unsubsidized health insurance/long term care insurance and excess medical expenses (see worksheet)	40 •	
41	Deduct funds deposited into and earnings of a medical savings account for eligible medical expenses (see worksheet)	41 •	
42	Deduct losses from an electing small business trust (ESBT - see instructions)	42 •	

43	Other, Check if:	43 •	
	<input type="checkbox"/> Wage and salary expense not deducted due to the federal targeted jobs or the work opportunity tax credits		
	<input type="checkbox"/> Interest income from Ohio Public Obligations and Ohio Purchase Obligations or gains from the sale or disposition of Ohio Public Obligations		
	<input type="checkbox"/> Refund or reimbursements of prior-year federal itemized deductions (from line 21 of Federal 1040)		
	<input type="checkbox"/> Repayment of income reported in a prior year		
	<input type="checkbox"/> Amount contributed to an Individual Development Account		
	<b>Total</b>		

44	Total deductions (add lines 33 through 43)	43 •	
45	Net adjustments - If line 32 is greater than line 44, enter the difference here and on line 2 as a positive amount. If line 32 is less than line 44, enter the difference here and on line 2 as a negative amount	44 •	
		45 •	

**Schedule B - Credits**

46	Retirement Income Credit (see instructions for credit table) (Limit - \$200)	46 •	
47	Senior Citizen Credit (Limit - \$50 per return)	47 •	
48	Lump Sum Distribution Credit (you must be 65 years of age or older to claim this credit)	48 •	
49	Child and Dependent Care Credit (see instructions and worksheet)	49 •	
50	Lump Sum Retirement Credit	50 •	
51	Job Training Credit (see instructions and worksheet) (Limit - \$500)	51 •	
52	Ohio Political Contributions Credit	52 •	
53	Ohio Adoption Credit (Limit - \$500 per adoption)	53 •	
54	Total credits (add lines 46 through 53) - enter here and on line 7	54 •	

**Schedule C - Ohio Resident**

55	Enter the portion of line 3 subjected to tax by other states or the District of Columbia while an Ohio resident	55 •	
56	Enter Ohio adjusted gross income (line 3)	56 •	
57	Divide line 55 by line 56 _____ % Multiply by the amount on line 12	57 •	
58	Enter the 2001 income tax less all related credits other than withholding and estimated tax payments and carryforwards from previous years paid to other states or the District of Columbia	58 •	
59	Enter the smaller of line 57 or line 58. This is your Ohio Resident Tax Credit. Enter here and on line 13	59 •	
	List the state(s) other than Ohio with which you filed 2001 income tax returns		

**Schedule D - Nonresident/Part-Year Resident**

60	Enter the portion of Ohio adjusted gross income (line 3) that was not earned or received in Ohio	60 •	
61	Enter the Ohio adjusted gross income (line 3)	61 •	
62	Divide line 60 by line 61 _____ % Multiply by the amount on line 12. Enter here and on line 13	62 •	

CH40512 01/14/02

BERT 0024  
BERT V. AK STEEL

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Form **1040** Department of the Treasury — Internal Revenue Service  
**U.S. Individual Income Tax Return 2002** (99) IRS use only — Do not write or staple in this space.

**Label** (See instructions.)  
 Use the IRS label. Other wise, please print or type.  
 Presidential Election Campaign (See instructions.)

For the year Jan 1 - Dec 31, 2002, or other tax year beginning 2002, ending 20

Your first name **VIVIAN** MI Last name **D BERT** OMB No. 1545-0074  
 If a joint return, spouse's first name MI Last name  
 Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apartment no.  
**1812 cherry street**  
 City, town or post office. If you have a foreign address, see instructions. State ZIP code  
**MIDDLETOWN OH 45044**

**Important!**  
 You must enter your social security number(s) above.

**Filing Status**  
 Check only one box.  
 1 ☐ Single  
 2 ☐ Married filing jointly (even if only one had income)  
 3 ☐ Married filing separately. Enter spouse's SSN above & full name here  
 4 ☒ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here  
 5 ☐ Qualifying widow(er) with dependent child (year spouse died ...). (See instructions.)

**Exemptions**  
 6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a.  
 b ☐ Spouse  
 c Dependents:  
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ if qualifying child for child tax credit (see instrs)  
**MALIQUE D BERT** Son ☒  
 No. of boxes checked on 6a and 6b: 1  
 No. of children on 6c who: ☒ lived with you: 1  
☐ did not live with you due to divorce or separation (see instrs)  
 Dependents on 6c not entered above  
 d Total number of exemptions claimed: 2

**Income**  
 Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.  
 If you did not get a W-2, see instructions.  
 Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7  
 8a Taxable interest. Attach Schedule B if required 8a  
 b Tax-exempt interest. Do not include on line 8a 8b  
 9 Ordinary dividends. Attach Schedule B if required 9  
 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 10  
 11 Alimony received 11  
 12 Business income or (loss). Attach Schedule C or C-EZ 12 8,120.  
 13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here 13  
 14 Other gains or (losses). Attach Form 4797 14  
 15a IRA distributions 15a  
 b Taxable amount (see instrs) 15b  
 16a Pensions and annuities 16a 2,821.  
 b Taxable amount (see instrs) 16b 0.  
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17  
 18 Farm income or (loss). Attach Schedule F 18  
 19 Unemployment compensation 19  
 20a Social security benefits 20a  
 b Taxable amount (see instrs) 20b  
 21 Other income 21  
 22 Add the amounts in the far right column for lines 7 through 21. This is your total income. 22 8,120.

**Adjusted Gross Income**  
 23 Educator expenses (see instructions) 23  
 24 IRA deduction (see instructions) 24  
 25 Student loan interest deduction (see instructions) 25  
 26 Tuition and fees deduction (see instructions) 26  
 27 Archer MSA deduction. Attach Form 8853 27  
 28 Moving expenses. Attach Form 3903 28  
 29 One-half of self-employment tax. Attach Schedule SE 29 574.  
 30 Self-employed health insurance deduction (see instructions) 30  
 31 Self-employed SEP, SIMPLE, and qualified plans 31  
 32 Penalty on early withdrawal of savings 32  
 33a Alimony paid b Recipient's SSN 33a  
 34 Add lines 23 through 33a 34  
 35 Subtract line 34 from line 22. This is your adjusted gross income 35 574.  
 7,546.

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions. FDIA0112 10/16/02 Form 1040 (2002)

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Form 1040 (2002) VIVIAN D BERT

Page 2

## Tax and Credits

## Standard Deduction for —

• People who checked any box on this line or 37c, or who can be claimed as a dependent see instructions.

• All others: Single, \$4,700

Head of household, \$5,900

Married filing jointly or Qualifying widow(er), \$7,850

Married filing separately, \$3,925

36 Amount from line 35 (adjusted gross income) 36 7,546.

37a Check if: ☐ You were 65/older, ☐ Blind; ☐ Spouse was 65/older, ☐ Blind.

b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see instructions and check here

38 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 38 6,900.

39 Subtract line 38 from line 36 39 646.

40 If line 36 is \$103,000 or less, multiply \$3,000 by the total number of exemptions claimed on line 6d. If line 36 is over \$103,000, see the worksheet in the instructions

41 Taxable income. Subtract line 40 from line 39. If line 40 is more than line 39, enter -0- 41 6,000.

42 Tax (see instrs). Check if any tax is from a ☐ Form(s) 8814 b ☐ Form 4972 42 0.

43 Alternative minimum tax (see instructions). Attach Form 6251 43 0.

44 Add lines 42 and 43 44 0.

45 Foreign tax credit. Attach Form 1116 if required 45

46 Credit for child and dependent care expenses. Attach Form 2441 46

47 Credit for the elderly or the disabled. Attach Schedule R 47

48 Education credits. Attach Form 8863 48

49 Retirement savings contributions credit. Attach Form 8880 49

50 Child tax credit (see instructions) 50 0.

51 Adoption credit. Attach Form 8839 51

52 Credits from: a ☐ Form 8396 b ☐ Form 8859 5253 Other credits. Check applicable box(es): a ☐ Form 3800 b ☐ Form 8801 c ☐ Specify 53

54 Add lines 45 through 53. These are your total credits 54 0.

55 Subtract line 54 from line 44. If line 54 is more than line 44, enter -0- 55 0.

56 Self-employment tax. Attach Schedule SE 56 1,147.

57 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 57

58 Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required 58

59 Advance earned income credit payments from Form(s) W-2 59

60 Household employment taxes. Attach Schedule H 60

61 Add lines 55-60. This is your total tax 61 1,147.

62 Federal income tax withheld from Forms W-2 and 1099 62

63 2002 estimated tax payments and amount applied from 2001 return 63

64 Earned income credit (EIC) 64 2,506.

65 Excess social security and tier 1 RRTA tax withheld (see instructions) 65

66 Additional child tax credit. Attach Form 8812 66

67 Amount paid with request for extension to file (see instructions) 67

68 Other pmts from: a ☐ Form 2439 b ☐ Form 4136 c ☐ Form 8885 68

69 Add lines 62 through 68. These are your total payments 69 2,506.

70 If line 69 is more than line 61, subtract line 61 from line 69. This is the amount you overpaid 70 1,359.

71a Amount of line 70 you want refunded to you 71a 1,359.

b Routing number

c Type: ☐ Checking ☐ Savings

72 Amount of line 70 you want applied to your 2003 estimated tax 72

73 Amount you owe. Subtract line 69 from line 61. For details on how to pay, see instructions 73

74 Estimated tax penalty (see instructions) 74

## Other Taxes

## Payments

If you have a qualifying child, attach Schedule EIC.

## Refund

Direct deposit? See instructions and fill in 71b, 71c, and 71d.

## Amount You Owe

## Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)?

Designee's name

Phone no.

☐ Yes. Complete the following.☒ No

Personal identification number (PIN)

## Sign Here

Joint return? See instructions.

Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

Daytime phone number

Spouse's signature. If a joint return, both must sign.

Date

security guard

Spouse's occupation

Preparer's signature

Date

Preparer's SSN or PTIN

## Paid Preparer's Use Only

Firm's name (or yours if self-employed), address, and ZIP code

Self-Prepared

Check if self-employed ☐EIN  
Phone no.

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**SCHEDULE C**  
**(Form 1040)****Profit or Loss from Business**  
**(Sole Proprietorship)**

OMB No. 1545-0074

**2002**

09

Department of the Treasury  
Internal Revenue Service (99)Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.  
Attach to Form 1040 or 1041. See instructions for Schedule C (Form 1040).

Name of proprietor

VIVIAN D BERT

Social security number (SSN)

A Principal business or profession, including product or service (see instructions)

Home Care

B Enter code from instructions

621610

C Sub. name, if no separate business name, leave blank.

Home Care Inc.

D Employer ID number (EIN), if any

E Business address (including suite or room no.) 1812 cherry st  
City, state, and ZIP code Middletown Ohio 45044F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify)G Did you 'materially participate' in the operation of this business during 2002? If 'No,' see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2002, check here

**Part I Income**

1 Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see the instructions and check here	1	11,250.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	11,250.
4 Cost of goods sold (from line 42 on page 2)	4	
5 Gross profit. Subtract line 4 from line 3	5	11,250.
6 Other income, including Federal and state gasoline or fuel tax credit or refund	6	
7 Gross income. Add lines 5 and 6	7	11,250.

**Part II Expenses.** Enter expenses for business use of your home only on line 30.

8 Advertising	8		19 Pension and profit-sharing plans	19	
9 Bad debts from sales or services (see instructions)	9		20 Rent or lease (see instructions):		
10 Car and truck expenses (see instructions)	10		a Vehicles, machinery, and equipment	20a	725.
11 Commissions and fees	11		b Other business property	20b	655.
12 Depletion	12		21 Repairs and maintenance	21	250.
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		22 Supplies (not included in Part III)	22	425.
14 Employee benefit programs (other than on line 19)	14		23 Taxes and licenses	23	
15 Insurance (other than health)	15		24 Travel, meals, and entertainment:		
16 Interest:			a Travel	24a	
a Mortgage (paid to banks, etc)	16a		b Meals and entertainment		
b Other	16b		c Enter nondeductible amount included on line 24b (see instrs)		
17 Legal & professional services	17		d Subtract line 24c from line 24b	24d	
18 Office expense	18	750.	25 Utilities	25	325.
26 Wages (less employment credits)	26		27 Other expenses (from line 48 on page 2)	27	
28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28				3,130.
29 Tentative profit (loss). Subtract line 28 from line 7	29				8,120.
30 Expenses for business use of your home. Attach Form 8829	30				
31 Net profit or (loss). Subtract line 30 from line 29.	31				8,120.

If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.

If a loss, you must go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.

If you checked 32b, you must attach Form 6198.

32a ☐ All investment is at risk.

32b ☐ Some investment is not at risk.

BAA For Paperwork Reduction Act Notice, see Form 1040 Instructions.

FD-20112 08/13/02

Schedule C (Form 1040) 2002

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Schedule C (Form 1040) 2002 VIVIAN D BERT

**Part III Cost of Goods Sold** (see instructions)

Page 2

33 Method(s) used to value closing inventory a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)34 Were there any change in determining quantities, costs, or valuations between opening and closing inventory?  
If "Yes," attach explanation☐ Yes ☐ No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation

35

36 Purchases less cost of items withdrawn for personal use

36

37 Cost of labor. Do not include any amounts paid to yourself

37

38 Materials and supplies

38

39 Other costs

39

40 Add lines 35 through 39

40

41 Inventory at end of year

41

42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4

42

**Part IV Information on Your Vehicle.** Complete this part only if you are claiming car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file.

43 When did you place your vehicle in service for business purposes? (month, day, year)

44 Of the total number of miles you drove your vehicle during 2002, enter the number of miles you used your vehicle for:  
a Business \_\_\_\_\_ b Commuting \_\_\_\_\_ c Other \_\_\_\_\_

45 Do you (or your spouse) have another vehicle available for personal use?

☐ Yes ☐ No

46 Was your vehicle available for personal use during off-duty hours?

☐ Yes ☐ No

47 a Do you have evidence to support your deduction?

☐ Yes ☐ No

b If "Yes," is the evidence written?

☐ Yes ☐ No**Part V Other Expenses.** List below business expenses not included on lines 8 - 26 or line 30.

48 Total other expenses. Enter here and on page 1, line 27

48

Schedule C (Form 1040) 2002

FD120112 08/13/02

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**SCHEDULE SE**  
**(Form 1040)****Self-Employment Tax**

OMB No. 1545-0074

**2002**

17

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040. ▶ See instructions for Schedule SE (Form 1040).

Name of person with self-employment income (as shown on Form 1040)

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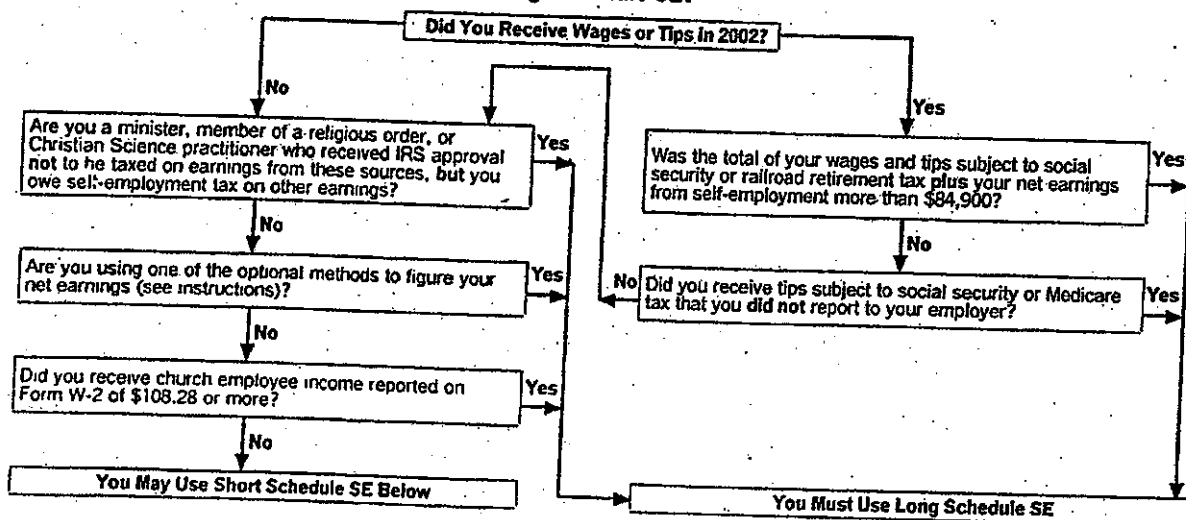
Social security number of person  
with self-employment income ▶**Who Must File Schedule SE**

You must file Schedule SE if:

- You had net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income. See instructions.

**Note.** Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either 'optional method' in Part II of Long Schedule SE. See instructions.

**Exception.** If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write 'Exempt - Form 4361' on Form 1040, line 56.

**May I Use Short Schedule SE or Must I Use Long Schedule SE?****Section A -- Short Schedule SE.** Caution. Read above to see if you can use Short Schedule SE.

1 Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a	1	
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see instructions for amounts to report on this line. See instructions for other income to report	2	8,120.
3 Combine lines 1 and 2	3	8,120.
4 Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax	4	7,499.
5 Self-employment tax. If the amount on line 4 is: <ul style="list-style-type: none"> <li>• \$84,900 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 56.</li> <li>• More than \$84,900, multiply line 4 by 2.9% (.029). Then, add \$10,527.60 to the result. Enter the total here and on Form 1040, line 56.</li> </ul>	5	1,147.
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 29	6	574.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule SE (Form 1040) 2002

FOIA1101 10/22/02

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## Federal Carryover Worksheet page 2

2002

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Credit Carryovers				2001	2002
23	General business credit			23	
24	Adoption credit from:			24 a	
	a	2002		b	
	b	2001		c	
	c	2000		d	
	d	1999		e	
	e	1998		f	
	f	1997			
25	Mortgage interest credit from:			25 a	
	a	2002		b	
	b	2001		c	
	c	2000		d	
	d	1999			
26	Credit for prior year minimum tax			26	
27	Reserved for future use			27	
Other Carryovers				2001	2002
28	Reserved for future use			28	
29	Section 179 expense deduction disallowed			29	
30	Excess			30 a	
	a	Taxpayer (Form 2555, line 44)		b	
	b	Taxpayer (Form 2555, line 46)		c	
	c	Spouse (Form 2555, line 44)		d	
	d	Spouse (Form 2555, line 46)			
31	Amount overpaid less earned income credit			31	0.

## Charitable Contribution Carryovers

32	2001 Carryover of charitable contributions from:	Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2001				
b	2000				
c	1999				
d	1998				
e	1997				
33	2002 Carryover of charitable contributions from:	Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2002				
b	2001				
c	2000				
d	1999				
e	1998				

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## Two-Year Comparison

2002

Income	2001	2002	Difference	%
Wages, salaries, tips, etc				
Interest and dividend income				
Business income (loss)	7,795.	8,120.	325.	4.17
Capital gain (loss)				
IRA distributions				
Pensions and annuities	2,695.	0.	-2,695.	-100.00
Rents, royalties, partnerships, etc				
Farm income (loss)				
Social security benefits				
Income other than the above				
<b>Total Income</b>	<b>10,490.</b>	<b>8,120.</b>	<b>-2,370.</b>	<b>-22.59</b>
<b>Adjustments to Income</b>	<b>551.</b>	<b>574.</b>	<b>23.</b>	<b>4.17</b>
<b>Adjusted Gross Income</b>	<b>9,939.</b>	<b>7,546.</b>	<b>-2,393.</b>	<b>-24.08</b>
Deductions and Exemptions	2001	2002	Difference	%
Medical and dental				
Taxes paid				
Interest paid				
Gifts to charity				
Casualty and theft losses				
Miscellaneous				
Phaseout of itemized deductions				
Total Itemized Deductions				
<b>Standard or Itemized Deduction</b>	<b>6,650.</b>	<b>6,900.</b>	<b>250.</b>	<b>3.76</b>
<b>Exemption Amount</b>	<b>5,800.</b>	<b>6,000.</b>	<b>200.</b>	<b>3.45</b>
<b>Taxable Income</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>	
Tax	0.	0.	0.	
Additional taxes				
Alternative minimum tax				
<b>Total Income Taxes</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>	
Nonbusiness credits		0.	0.	
Business credits		0.	0.	
<b>Total Credits</b>		<b>0.</b>	<b>0.</b>	
Self-employment tax	1,101.	1,147.	46.	4.18
Other taxes				
<b>Total Tax After Credits</b>	<b>1,101.</b>	<b>1,147.</b>	<b>46.</b>	<b>4.18</b>
Withholding				
Estimated payments				
Other payments	2,428.	2,506.	78.	3.21
<b>Total Payments</b>	<b>2,428.</b>	<b>2,506.</b>	<b>78.</b>	<b>3.21</b>
Form 2210 penalty				
Applied to next year's estimated tax				
<b>Amount Refund</b>	<b>1,327.</b>	<b>1,359.</b>	<b>32.</b>	<b>2.41</b>
<b>Amount Due</b>				
Current year effective tax rate				-33.21 %

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**SCHEDULE EIC**  
(Form 1040A or 1040)Dept. of the Treasury  
Internal Revenue Service (99)  
Name(s) shown on return**Earned Income Credit**  
**Qualifying Child Information**Complete and attach to Form 1040A or 1040  
only if you have a qualifying child.

OMB No. 1545-0074

**2002**  
**43**

Your social security number

VIVIAN D BERT

**Before you begin:**See the instructions for Form 1040A, line 41, or Form 1040, line 64, to make sure that  
(a) you can take the EIC and (b) you have a qualifying child.

- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- CAUTION:** • It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

**Qualifying Child Information****Child 1****Child 2**

1 Child's name	First name	Last name	First name	Last name
If you have more than two qualifying children, you only have to list two to get the maximum credit	MALIQUE D BERT			
2 Child's SSN  The child must have an SSN as defined in the Form 1040A or Form 1040 instructions unless the child was born and died in 2002. If your child was born and died in 2002 and did not have an SSN, enter 'Died' on this line and attach a copy of the child's birth certificate				
3 Child's year of birth	Year <u>1994</u> <i>If born after January 1, 1984, skip lines 4a and 4b; go to line 5.</i>		Year _____ <i>If born after January 1, 1984, skip lines 4a and 4b; go to line 5.</i>	
4 If the child was born before January 2, 1984 -- a Was the child under age 24 at the end of 2002 and a student?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Continue</i>		<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Continue</i>	
b Was the child permanently and totally disabled during any part of 2002?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Continue The child is not a qualifying child.</i>		<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Continue The child is not a qualifying child.</i>	
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc)	Son			
6 Number of months child lived with you in the United States during 2002  • If the child lived with you for more than half of 2002 but less than 7 months, enter '7'.  • If the child was born or died in 2002, and your home was the child's home for the entire time he or she was alive during 2002, enter '12'	<u>12</u> months <i>Do not enter more than 12 months.</i>		_____ months <i>Do not enter more than 12 months.</i>	

**TIP**

You may also be able to take the additional child tax credit if your child (a) was under age 17 at the end of 2002, (b) is claimed as your dependent on line 6c of Form 1040A or Form 1040, and (c) is a U.S. citizen or resident alien. For more details see the instructions for line 42 of Form 1040A or line 66 of Form 1040.

BAA For Paperwork Reduction Act Notice, see Form 1040A or 1040 instructions.

Schedule EIC (Form 1040A or 1040) 2002

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Page 3

**Part VII -- State Filing Information**

Enter state of residence as of December 31, 2002 ..... OH

Check the appropriate box: Resident entire year ..... ☒

Resident part of year ..... ☐

Date you established residence in state above ..... ☐

In which state (or foreign country) did you reside before this change? ..... ☐

If you live in one of the New York counties as indicated in Help, check this box ..... ☐

FDY4912 10/23/02

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Page 2

## Information for the Earned Income Credit Only:

The questions below must be answered to calculate EIC.

Is the taxpayer or spouse a qualifying child for EIC for another person? ..... Yes ☐ No ☒

Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2002? ..... Yes ☒ No ☐

Check if you are filing head of household and your spouse is a nonresident alien and you lived with your spouse during the last six months of 2002 ..... ☐

Check if EIC was disallowed or reduced in a previous year and you are required to file Form 8862 this year ..... ☐

Notified by the IRS that EIC cannot be claimed in 2002 ..... ☐

## Part IV - Direct Deposit or Direct Debit Information

Do you want to elect direct deposit of any federal tax refund? ..... Yes ☐ No ☒

Do you want to elect direct debit of federal balance due (Electronic Filing only)? ..... Yes ☐ No ☒

If you selected either of the options above, fill out the information below:

Name of financial institution (optional) ..... mid-first credit union

Check the appropriate box ..... Checking ☒ Savings ☐

Routing number ..... account number .....

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to withdraw from the account above .....

Balance due amount from this return .....

## Part V - Standard Deduction/Itemized Deductions

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction ..... ☐

Check this box if you are married filing separately and your spouse itemized deductions ..... ☐

Check this box to take the standard deduction even if less than itemized deductions ..... ☐

## Taxpayer Information:

Can someone (such as your parent) claim you as a dependent? ..... Yes ☐ No ☒

If so, are you actually claimed as a dependent on that person's tax return? ..... Yes ☐ No ☒

Do you qualify as disabled for Schedule R? See Help ..... Yes ☐ No ☒

Check if taxpayer is legally blind ..... Yes ☐ No ☒

If decedent's return, enter taxpayer's date of death ..... (mm/dd/yyyy) .....

## Spouse Information:

Can someone (such as your parent) claim you as a dependent? ..... Yes ☐ No ☐

If so, is spouse actually claimed as a dependent on that person's tax return? ..... Yes ☐ No ☐

Do you qualify as disabled for Schedule R? See Help ..... Yes ☐ No ☐

Check if spouse is legally blind ..... Yes ☐ No ☐

If decedent's return, enter spouse's date of death ..... (mm/dd/yyyy) .....

## Part VI - Other Information for Your Tax Return

## Third Party Designee:

Do you want to allow another person to discuss this return with the IRS? ..... Yes ☐ No ☐

If Yes, complete the following:

Third party designee name ..... Personal identification number .....

Third party designee phone number .....

Check this box to calculate Form 1040 even if you qualify to use Form 1040A or 1040EZ ..... ☐

Check this box if you are a dual-status alien ..... ☐

Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (See Help) ..... Yes ☐ No ☐

Excludable income of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands .....

Excludable income from Puerto Rico .....

## Foreign Tax Credit (Form 1116):

Check this box to file Form 1116 even if you're not required to file Form 1116 ..... ☐

Resident country: ..... USA

FDIY4912 10/23/02

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IT-1040

## Ohio Income Tax Return

2002

For the year Jan 1 - Dec 31, 2002 or other taxable year ending

Social security number(s) must be entered below

PLEASE CLIP YOUR CHECK HERE	Your First Name <b>VIVIAN</b>		Initial <b>D</b>	Last Name <b>BERT</b>	Your Social Security Number		Filing Status — check only one <input checked="" type="checkbox"/> Single or Head of Household <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separately, enter spouse's SSN	
	If a Joint Return, Spouse's First Name		Initial	Last Name	Spouse's Social Security No.			
	Home Address (number and street) <b>1812 cherry street</b>				Apt. No.	Ohio County <b>Butl</b>		
	City, Town or Post Office <b>MIDDLETOWN</b>				State <b>OH</b>	ZIP Code <b>45044</b>	Ohio Public School District Number (See Instructions.) <b>0906</b>	
Ohio Residency Status (see instructions) <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Nonresident					Part-year resident From <b>02</b> To <b>02</b>		Ohio Political Party Fund Do you want \$1 to go to this fund? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If joint return, does your spouse want \$1 to go to this fund? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
state of residence					Note: Checking 'Yes' will not increase your tax or decrease your refund.			

## Income

1	Federal adjusted gross income (from federal Form 1040, line 35; or 1040A, line 21; or 1040EZ, line 4; or 1040TEL)	1	7,546.
2	Ohio adjustments (from line 45 on page 2 of this return)	2	
3	Ohio adjusted gross income (line 2 subtracted from or added to line 1)	3	7,546.
4	Multiply your personal and dependent exemptions <b>2</b> times \$1,200 and enter the result here	4	2,400.
5	Ohio taxable income (subtract line 4 from line 3)	5	5,146.

## Tax and Credits

6	Tax on line 5 (see tax tables in the instructions)	6	39.
7	Credits from Schedule B (line 54 on page 2 of this return)	7	
8	Ohio tax less Schedule B credits (Subtract line 7 from line 6. If line 7 is more than line 6, enter zero.)	8	39.
9	Exemption Credit: Number of personal and dependent exemptions <b>2</b> times \$20	9	40.
10	Ohio tax less Exemption Credit (Subtract line 9 from line 8. If line 9 is more than line 8, enter zero.)	10	0.
11	Joint Filing Credit (see instructions and attach documentation) <b>%</b> times line 10 (Limit \$650)	11	0.
12	Ohio tax less Joint Filing Credit (subtract line 11 from line 10)	12	0.
13	Resident/Nonresident/Part-Year Credits (Schedules C or D) and Nonrefundable Business Credits (attach Schedule E)	13	
14	Ohio income tax (Subtract line 13 from line 12. If line 13 is more than line 12, enter zero.)	14	0.
15	Interest penalty on underpayment of estimated tax: Check <input type="checkbox"/> if form IT-2210 is attached	15	
16	Unpaid Ohio use tax (please see worksheet in the instructions) The amount you show on this line is part of your total income tax liability for this year.	16	
17	Total Ohio tax (add line 14, line 15, and line 16)	17	0.

## Payments

18	Ohio tax withheld (box 17 on your W-2) (attach W-2's to page 2 of this form)	18	
19	Ohio estimated tax, IT-40P payments for 2002, and 2001 overpayment credited to 2002	19	
20	Refundable Business Jobs	20	
	Credit 20a Refundable Pass-through Entity		
	Credit 20b		
21	Add lines 18, 19, and 20	21	
	Total Payments		

Electronic Filing  
can speed-up  
your refund by  
6 weeks!

## Refund or Amount You Owe

22	If line 21 is less than line 17, subtract line 21 from line 17. Attach payment made payable to Treasurer of State of Ohio. Check here <input type="checkbox"/> If you have paid or will pay with a credit card (see instructions)	Amount You Owe	22	0.
23	If line 21 is greater than line 17, subtract line 17 from line 21	Amount Overpaid	23	
24	Amount of line 23 you wish to donate for conservation of endangered species and wildlife diversity: \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other <input type="checkbox"/> Check box and enter amount on line 24		24	
25	Amount of line 23 you wish to donate for nature preserves, scenic rivers, and endangered species protection: \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other <input type="checkbox"/> Check box and enter amount on line 25		25	
26	Amount of line 23 to be credited to 2003 estimated tax liability	Credit	26	
27	Amount of line 23 to be refunded (subtract amounts on lines 24, 25, and 26 from line 23)	Your Refund	27	

If the balance due is less than \$1.01, payment need not be made, and if the overpayment is less than \$1.01, no refund will be issued.  
I have read this return. Under penalties of perjury, I declare that to the best of my knowledge and belief, the return is true, correct, and complete.

OHIA0512 12/26/02

Sign Here	Your Signature	Date
	Spouse's Signature (if filing jointly, both must sign)	Phone Number (optional)
	Preparer's Signature	Preparer's Phone Number
	Preparer's Address (including ZIP code) <b>Self-Prepared</b>	

For Departmental Use Only	
18a	U
No Payment Enclosed — Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, Ohio 43270-2679	Payment Enclosed — Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, Ohio 43270-2057

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Form IT-1040 VIVIAN D BERT

**Schedule A – Adjustments to Income (additions and deductions)****Additions** – Add to the extent not included in federal adjusted gross income (line 1)

28 Add non-Ohio state or local government interest and dividends ..... 28\*

29 Add pass-through entity addback ..... 29\*

30 Add income from an Electing Small Business Trust (ESBT – see instructions) ..... 30\*

31 Other, check if from:

a ☐ Federal interest and dividends subject to state taxationb ☐ Reimbursement of college tuition expenses and fees deducted in any previous year(s)

NEW

c ☐ Losses from sale or disposition of Ohio Public Obligationsd ☐ Non-medical withdrawals from an Ohio medical savings accounte ☐ Reimbursements previously deducted but not included in federal adjusted gross incomef ☐ Non-education expenditures from college savings accountg ☐ Add back 5/6ths of the depreciation expense adjustment for IRC Sec 168(k) bonus depreciation

NEW

Total ..... 31\*

32 Total additions (add lines 28, 29, 30, and 31) ..... 32\*

**Deductions** – See Limitations in Instructions

33 Deduct federal interest and dividends exempt from state taxation ..... 33\*

34 Deduct compensation earned in Ohio by full-year residents of neighboring states ..... 34\*

35 Deduct state or municipal income tax overpayments (see instructions) ..... 35\*

36 Deduct disability and survivorship benefits (does not include pension continuations) ..... 36\*

37 Deduct qualifying social security benefits and some railroad benefits ..... 37\*

38 Deduct contributions to a variable college savings account and/or purchases of tuition credits ..... 38\*

39 Deduct tuition expenses paid to a qualified Ohio educational institution ..... 39\*

40 Deduct unsubsidized health insurance/long term care insurance and excess medical expenses (see worksheet) ..... 40\*

41 Deduct funds deposited into and earnings of a medical savings account for eligible medical expenses (see worksheet) ..... 41\*

42 Deduct losses from an Electing Small Business Trust (ESBT – see instructions) ..... 42\*

43 Other, Check if:

a ☐ Wage and salary expense not deducted due to the federal targeted jobs or the work opportunity tax creditsb ☐ Interest income from OH Public Obligations and OH Purchase Obligations or gains from the sale or disposition of OH Public Obligationsc ☐ Refund or reimbursements of prior-year federal itemized deductions (from line 21 of Federal 1040)d ☐ Repayment of income reported in a prior yeare ☐ Amount contributed to an Individual Development Accountf ☐ Deduct 1/5th of the depreciation expense adjustment for IRC Section 168(k) bonus depreciation

NEW

Total ..... 43\*

44 Total deductions (add lines 33 through 43) ..... 44\*

45 Net adjustments – If line 32 is greater than line 44, enter the difference here and on line 2 as a positive amount. If line 32 is less than line 44, enter the difference here and on line 2 as a negative amount ..... 45\*

**Schedule B – Credits**

46 Retirement Income Credit (see instructions for credit table) (Limit – \$200) ..... 46\*

47 Senior Citizen Credit (Limit – \$50 per return) ..... 47\*

48 Lump Sum Distribution Credit (you must be 65 years of age or older to claim this credit) ..... 48\*

49 Child and Dependent Care Credit (see instructions and worksheet) ..... 49\*

50 Lump Sum Retirement Credit ..... 50\*

51 Job Training Credit (see instructions and worksheet) (Limit – \$500 single; \$1,000 joint, if both spouses qualify) ..... 51\*

52 Ohio Political Contributions Credit ..... 52\*

53 Ohio Adoption Credit (Limit – \$500 per adoption) ..... 53\*

54 Total credits (add lines 46 through 53) – enter here and on line 7 ..... 54\*

**Schedule C – Ohio Resident**

55 Enter the portion of line 3 subjected to tax by other states or the District of Columbia while an Ohio resident ..... 55\*

56 Enter Ohio adjusted gross income (line 3) ..... 56

57 Divide line 55 by line 56 ..... % Multiply by the amount on line 12 ..... 57

58 Enter the 2002 income tax less all related credits other than withholding and estimated tax payments and carry-forwards from previous years paid to other states or the District of Columbia ..... 58\*

59 Enter the smaller of line 57 or line 58. This is your Ohio Resident Tax Credit. Enter here and on line 13 ..... 59

List the state(s) other than Ohio with which you filed 2002 income tax returns

**Schedule D – Nonresident/Part-Year Resident**

60 Enter the portion of Ohio adjusted gross income (line 3) that was not earned or received in Ohio ..... 60\*

61 Enter the Ohio adjusted gross income (line 3) ..... 61

62 Divide line 60 by line 61 ..... % Multiply by the amount on line 12. Enter here and on line 13 ..... 62

OHIA0512 12/26/02

BERT 0036  
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CONFIDENTIAL

VIVIAN D BERT

Page 2

**Part VI — Other Information****Ohio Political Party Fund** (Note: Checking 'Yes' will not increase your tax or decrease your refund.)Do you want \$1 to go to this fund? ☐ Yes ☒ No  
If joint return, does your spouse want \$1 to go to this fund? ☐ Yes ☐ No**Farmer/Fisherman**If at least 2/3 of your current year gross income was from farming or fishing, check this box ☐  
If above farmer box is checked and return will be filed and tax due paid by March 3, 2003, check here ☐**Pay by Credit Card**Have paid or will pay with a credit card ☐ IT-1040, IT-1040EZ ☐ SD-100 ☐**Part VII — Electronic Filing Information**Check if you want next year's Ohio income tax booklet mailed to you. ☐**Part VIII — Direct Deposit Information**Do you want to elect direct deposit of state tax refund (Electronic Filing Only)? ... Yes ☐ No ☐

Enter the following information if you want to directly deposit any state tax refund:

Name of Financial Institution (optional) 

Check the appropriate box:

Checking ☐ Savings ☐ Routing number  Account number **Part IX — Extension Status****Form IT-1040, Income Tax Return**Has the tax return due date been extended for a four month extension? ... Yes ☐ No ☒  
Has the tax return due date been extended for a six month extension? ... Yes ☐ No ☐  
Extended due date **Form SD-100, School District Income Tax Return**Has the tax return due date been extended for a four month extension? ... Yes ☐ No ☒  
Has the tax return due date been extended for a six month extension? ... Yes ☐ No ☐  
Extended due date 

OH1W1201.SCR 01/01/03

BERT 0037  
BERT V. AK STEEL



Form **1040** Department of the Treasury — Internal Revenue Service  
**U.S. Individual Income Tax Return 2003** (99) IRS Use Only — Do not write or staple in this space.

**Label** (See instructions.)  
Your first name **VIVIAN** MI Last name **D BERT** OMB No. 1545-0074  
Your social security number  
If a joint return, spouse's first name MI Last name  
Spouse's social security number

**Use the IRS label.** Otherwise, please write or type.  
Home address (number and street). If you have a P.O. box, see instructions. Apartment no.  
**1812 cherry street**  
City, town or post office. If you have a foreign address, see instructions. State ZIP code  
**MIDDLETOWN OH 45044**

**Presidential Election Campaign** (See instructions.)  
Note: Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? ☐ Yes ☒ No ☐ Yes ☐ No

**Filing Status**  
1 ☐ Single  
2 ☐ Married filing jointly (even if only one had income)  
3 ☐ Married filing separately. Enter spouse's SSN above & full name here.  
4 ☒ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.  
5 ☐ Qualifying widow(er) with dependent child. (See instructions.)

**Exemptions**  
6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a.  
b ☐ Spouse  
c Dependents:  
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ If qualifying child for child tax credit (see instrs)  
**MALIQUE D BERT** Son ☒  
No. of boxes checked on 6a and 6b: **1**  
No. of children on 6c who:  
• lived with you: **1**  
• did not live with you due to divorce or separation (see instrs):  
Dependents on 6c not entered above:  
Add numbers on lines above: **2**

**Income**  
7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7**  
8a Taxable interest. Attach Schedule B if required **8a**  
b Tax-exempt interest. Do not include on line 8a **8b**  
9a Ordinary dividends. Attach Schedule B if required **9a**  
b Qualified dividends (see instrs) **9b**  
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) **10**  
11 Alimony received **11**  
12 Business income or (loss). Attach Schedule C or C-EZ **12**  
13a Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here **13a** **8,988.**  
b If box on 13a is checked, enter post-May 3 capital gain distributions **13b**  
14 Other gains or (losses). Attach Form 4797 **14**  
15a IRA distributions **15a** b Taxable amount (see instrs) **15b**  
16a Pensions and annuities **16a** **3,056.** b Taxable amount (see instrs) **16b** **2,930.**  
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17**  
18 Farm income or (loss). Attach Schedule F **18**  
19 Unemployment compensation **19**  
20a Social security benefits **20a** b Taxable amount (see instrs) **20b**  
21 Other income **21**  
22 Add the amounts in the far right column for lines 7 through 21. This is your total income. **22** **11,918.**

**Adjusted Gross Income**  
23 Educator expenses (see instructions) **23**  
24 IRA deduction (see instructions) **24**  
25 Student loan interest deduction (see instructions) **25**  
26 Tuition and fees deduction (see instructions) **26**  
27 Moving expenses. Attach Form 3903 **27**  
28 One-half of self-employment tax. Attach Schedule SE **28** **635.**  
29 Self-employed health insurance deduction (see instrs) **29**  
30 Self-employed SEP, SIMPLE, and qualified plans **30**  
31 Penalty on early withdrawal of savings **31**  
32a Alimony paid b Recipient's SSN **32a**  
33 Add lines 23 through 32a **33**  
34 Subtract line 33 from line 22. This is your adjusted gross income **34** **635.**

**Enclose, but do not attach, any payment. Also, please use Form 1040-V.**  
BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions. FDIA0112 01/16/04 Form 1040 (2003)

BERT 0038  
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CONFIDENTIAL

Form 1040 (2003) **VIVIAN D BERT** Page 2

**Tax and Credits**

35 Amount from line 34 (adjusted gross income) 35 11,283.

36a Check ☐ You were born before January 2, 1939, ☐ Blind. Total boxes checked 36a  
 if: ☐ Spouse was born before January 2, 1939, ☐ Blind. 36b

b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see instructions and check here 36b

37 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 37 8,101.

38 Subtract line 37 from line 35 38 3,182.

39 If line 35 is \$104,625 or less, multiply \$3,050 by the total number of exemptions claimed on line 6d. If line 35 is over \$104,625, see the worksheet in the instructions 39 6,100.

40 Taxable income. Subtract line 39 from line 38. If line 39 is more than line 38, enter -0- 40 0.

41 Tax (see instrs). Check if any tax is from a ☐ Form(s) 8314 b ☐ Form 4972 41 0.

42 Alternative minimum tax (see instructions). Attach Form 6251 42 0.

43 Add lines 41 and 42 43 0.

44 Foreign tax credit. Attach Form 1116 if required 44

45 Credit for child and dependent care expenses. Attach Form 2441 45

46 Credit for the elderly or the disabled. Attach Schedule R 46

47 Education credits. Attach Form 8863 47

48 Retirement savings contributions credit. Attach Form 8880 48

49 Child tax credit (see instructions) 49 0.

50 Adoption credit. Attach Form 8839 50

51 Credits from: a ☐ Form 8396 b ☐ Form 8859 51

52 Other credits. Check applicable box(es): a ☐ Form 3800 52  
 b ☐ Form 8801 c ☐ Specify

53 Add lines 44 through 52. These are your total credits 53 0.

54 Subtract line 53 from line 43. If line 53 is more than line 43, enter -0- 54 0.

**Other Taxes**

55 Self-employment tax. Attach Schedule SE 55 1,270.

56 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 56

57 Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required 57

58 Advance earned income credit payments from Form(s) W-2 58

59 Household employment taxes. Attach Schedule H 59

60 Add lines 54-59. This is your total tax 60 1,270.

**Payments**

61 Federal income tax withheld from Forms W-2 and 1099 61

62 2003 estimated tax payments and amount applied from 2002 return 62

63 Earned income credit (EIC) 63 2,547.

64 Excess social security and tier 1 RRTA tax withheld (see instructions) 64

65 Additional child tax credit. Attach Form 8812 65

66 Amount paid with request for extension to file (see instructions) 66

67 Other pmts from: a ☐ Form 2439 b ☐ Form 4136 c ☐ Form 8885 67

68 Add lines 61 through 67. These are your total payments 68 2,547.

**Refund**

69 If line 68 is more than line 60, subtract line 60 from line 68. This is the amount you overpaid 69 1,277.

70a Amount of line 69 you want refunded to you 70a 1,277.

b Routing number 70b

c Type: ☒ Checking ☐ Savings 70c

d Account number 70d

71 Amount of line 69 you want applied to your 2004 estimated tax 71

**Amount You Owe**

72 Amount you owe. Subtract line 68 from line 60. For details on how to pay, see instructions 72

73 Estimated tax penalty (see instructions) 73

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ No

Designee's name Phone no. Personal identification number (PIN)

**Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature Date Your occupation Daytime phone number

Spouse's signature, if a joint return, both must sign. Date Spouse's occupation

**Paid Preparer's Use Only**

Preparer's signature Date Check if self-employed Preparer's SSN or PTIN

Firm's name (or your self-employed address, and ZIP code) EIN Phone no.

Self-Prepared

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SCHEDULE A (Form 1040)		Itemized Deductions		OMB No. 1545-0074	
Department of the Treasury Internal Revenue Service (99)		▶ Attach to Form 1040. ▶ See instructions for Schedule A (Form 1040).		2003	
Name(s) shown on Form 1040		Your social security number		07	
<b>VIVIAN D BERT</b>					
<b>Medical and Dental Expenses</b>	Caution. Do not include expenses reimbursed or paid by others.				
1	Medical and dental expenses (see instructions)	1			
2	Enter amount from Form 1040, line 35	2			
3	Multiply line 2 by 7.5% (.075)	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			
<b>Taxes You Paid</b>	5	State and local income taxes	5		
(See instructions.)	6	Real estate taxes (see instructions)	6	1,265.	
	7	Personal property taxes	7		
	8	Other taxes. List type and amount ▶	8		
	9	Add lines 5 through 8	9		1,265.
<b>Interest You Paid</b>	10	Home mtg interest and points reported to you on Form 1098	10	6,836.	
(See instructions.)	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ▶	11		
	12	Points not reported to you on Form 1098. See instrs for spcl rules	12		
	13	Investment interest. Attach Form 4952 if required. (See instrs.)	13		
	14	Add lines 10 through 13	14		6,836.
<b>Gifts to Charity</b>	15	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	15		
If you made a gift and got a benefit for it, see instructions.	16	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	16		
	17	Carryover from prior year	17		
	18	Add lines 15 through 17	18		
<b>Casualty and Theft Losses</b>	19	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	19		
<b>Job Expenses and Most Other Miscellaneous Deductions</b>	20	Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	20		
(See instructions.)	21	Tax preparation fees	21		
	22	Other expenses — investment, safe deposit box, etc. List type and amount ▶	22		
	23	Add lines 20 through 22	23		
	24	Enter amount from Form 1040, line 35	24		
	25	Multiply line 24 by 2% (.02)	25		
	26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26		
<b>Other Miscellaneous Deductions</b>	27	Other — from list in the instructions. List type and amount ▶	27		
<b>Total Itemized Deductions</b>	28	Is Form 1040, line 35, over \$139,500 (over \$69,750 if MFS)?	28		8,101.
		<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 37.			
		<input type="checkbox"/> Yes. Your deduction may be limited. See instructions for the amount to enter.			

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

FDIA0301 10/16/03

Schedule A (Form 1040) 2003

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**SCHEDULE C**  
(Form 1040)**Profit or Loss From Business**  
(Sole Proprietorship)

OMB No. 1545-0074

**2003**

09

Department of the Treasury  
Internal Revenue Service (99)Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.  
Attach to Form 1040 or 1041. See instructions for Schedule C (Form 1040).

Name of proprietor

VIVIAN D BERT

Social security number (SSN)

A Principal business or profession, including product or service (see instructions)

Cleaning Service

B Enter code from Instructions

561720

C Business name, if no separate business name, leave blank.

D Employer ID number (EIN), if any

E Business address (including suite or room no.)  
City, street, or post office, state, and ZIP code  
1812 cherry street  
MIDDLETOWN, OH 45044F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) \_\_\_\_\_G Did you 'materially participate' in the operation of this business during 2003? If 'No,' see instructions for limit on losses ☒ Yes ☐ NoH If you started or acquired this business during 2003, check here ☒ Yes ☐ No**Part I Income**

1 Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see the instructions and check here <input type="checkbox"/>	1	6,000.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	6,000.
4 Cost of goods sold (from line 42 on page 2)	4	
5 Gross profit. Subtract line 4 from line 3	5	6,000.
6 Other income, including Federal and state gasoline or fuel tax credit or refund	6	
7 Gross income. Add lines 5 and 6	7	6,000.

**Part II Expenses.** Enter expenses for business use of your home only on line 30.

8 Advertising	8	175.	19 Pension and profit-sharing plans	19	
9 Car and truck expenses (see instructions)	9		20 Rent or lease (see instructions):		
10 Commissions and fees	10		a Vehicles, machinery, and equipment	20a	452.
11 Contract labor (see instructions)	11		b Other business property	20b	463.
12 Depletion	12		21 Repairs and maintenance	21	652.
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		22 Supplies (not included in Part III)	22	752.
14 Employee benefit programs (other than on line 19)	14		23 Taxes and licenses	23	75.
15 Insurance (other than health)	15	362.	24 Travel, meals, and entertainment:		
16 Interest:			a Travel	24a	
a Mortgage (paid to banks, etc)	16a		b Meals and entertainment		
b Other	16b		c Enter nondeductible amount included on line 24b (see instrs)		
17 Legal & professional services	17	135.	d Subtract line 24c from line 24b	24d	
18 Office expense	18	356.	25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28		26 Wages (less employment credits)	26	
29 Tentative profit (loss). Subtract line 28 from line 7	29		27 Other expenses (from line 48 on page 2)	27	
30 Expenses for business use of your home. Attach Form 8829	30				
31 Net profit or (loss). Subtract line 30 from line 29.	31				

• If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.

• If a loss, you must go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.

• If you checked 32b, you must attach Form 6198.

32a ☐ All investment is at risk.

32b ☐ Some investment is not at risk.

BAA For Paperwork Reduction Act Notice, see Form 1040 Instructions.

FD/20112 10/14/03

Schedule C (Form 1040) 2003

BERT 0041  
BERT V. AK STEEL

Page 2

## Page 2

☐ Yes ☐ No

35

36

37

38

39

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41

42

## Part IV

## a Business

**b Commuting -**

**cOther**

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

## Part V

[illegible]

Schedule C (Form 1040) 2003



CONFIDENTIAL

**SCHEDULE C**  
(Form 1040)**Profit or Loss From Business**  
(Sole Proprietorship)

OMB No. 1545-0074

**2003**

09

Department of the Treasury  
Internal Revenue Service (99)Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.  
Attach to Form 1040 or 1041. See instructions for Schedule C (Form 1040).

Name of proprietor

VIVIAN D BERT

Social security number (SSN)

A Describe business or profession, including product or service (see instructions)

Home Care

B Enter code from instructions

621610

C Business name, if no separate business name, leave blank.

D Employer ID number (EIN), if any

E Business address (including suite or room no.)  
City, town or post office, state, and ZIP code  
1812 cherry st  
middletown Ohio 45044F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶G Did you 'materially participate' in the operation of this business during 2003? If 'No,' see instructions for limit on losses .... ☒ Yes ☐ No

H If you started or acquired this business during 2003, check here

**Part I Income**

1 Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see the instructions and check here

2 Returns and allowances

3 Subtract line 2 from line 1

4 Cost of goods sold (from line 42 on page 2)

5 Gross profit. Subtract line 4 from line 3

6 Other income, including Federal and state gasoline or fuel tax credit or refund

7 Gross income. Add lines 5 and 6

**Part II Expenses. Enter expenses for business use of your home only on line 30.**

8 Advertising

9 Car and truck expenses (see instructions)

10 Commissions and fees

11 Contract labor (see instructions)

12 Depreciation

13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)

14 Employee benefit programs (other than on line 19)

15 Insurance (other than health)

16 Interest:

a Mortgage (paid to banks, etc)

b Other

17 Legal &amp; professional services

18 Office expense

19 Pension and profit-sharing plans

20 Rent or lease (see instructions):

a Vehicles, machinery, and equipment

b Other business property

21 Repairs and maintenance

22 Supplies (not included in Part III)

23 Taxes and licenses

24 Travel, meals, and entertainment:

a Travel

b Meals and entertainment

c Enter nondeductible amount included on line 24b (see instrs)

d Subtract line 24c from line 24b

25 Utilities

26 Wages (less employment credits)

27 Other expenses (from line 48 on page 2)

28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns

29 Tentative profit (loss). Subtract line 28 from line 7

30 Expenses for business use of your home. Attach Form 8829

31 Net profit or (loss). Subtract line 30 from line 29

• If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.

• If a loss, you must go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.

• If you checked 32b, you must attach Form 6198.

32a ☐ All investment is at risk.32b ☐ Some investment is not at risk.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

FD-20112 10/14/03

Schedule C (Form 1040) 2003

BERT 0043  
BERT V. AK STEEL



## Page 2

## Page 2

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?  
If 'Yes,' attach explanation

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation.

☐ Yes ☐ No

36 Purchases less cost of items withdrawn for personal use

**37 Cost of labor.** Do not include any amounts paid to yourself

### 38 Materials and supplies

### 39 Other costs

**40** Add lines 35 through 39

**41** Inventory at end of year

**42 Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on page 1, line 4

**Part IV** Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year)

44 Of the total number of miles you drove your vehicle during 2003, enter the number of miles you used your vehicle for:  
a Business \_\_\_\_\_ b Commuting \_\_\_\_\_

## a Business

**b Commuting -**

Other

45 Do you (or your spouse) have another vehicle available for personal use?

☐ Yes ☐ No

46 Was your vehicle available for personal use during off-duty hours?

☐ Yes ☐ No

**47a** Do you have evidence to support your deduction?

☐ Yes ☐ No

**b If 'Yes,' is the evidence written?**

☐ Yes ☐ No

<b>Part V</b>	<b>Other Expenses.</b> List below business expenses not included on lines 8-26 or line 30.
---------------	--

**48 Total other expenses.** Enter here and on page 1, line 27

Schedule C (Form 1040) 2003

CONFIDENTIAL

**SCHEDULE SE**  
(Form 1040)**Self-Employment Tax**

OMB No. 1545-0074

**2003**

17

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040. ▶ See instructions for Schedule SE (Form 1040).

Name of person with self-employment income (as shown on Form 1040)

VIVIAN D BERT

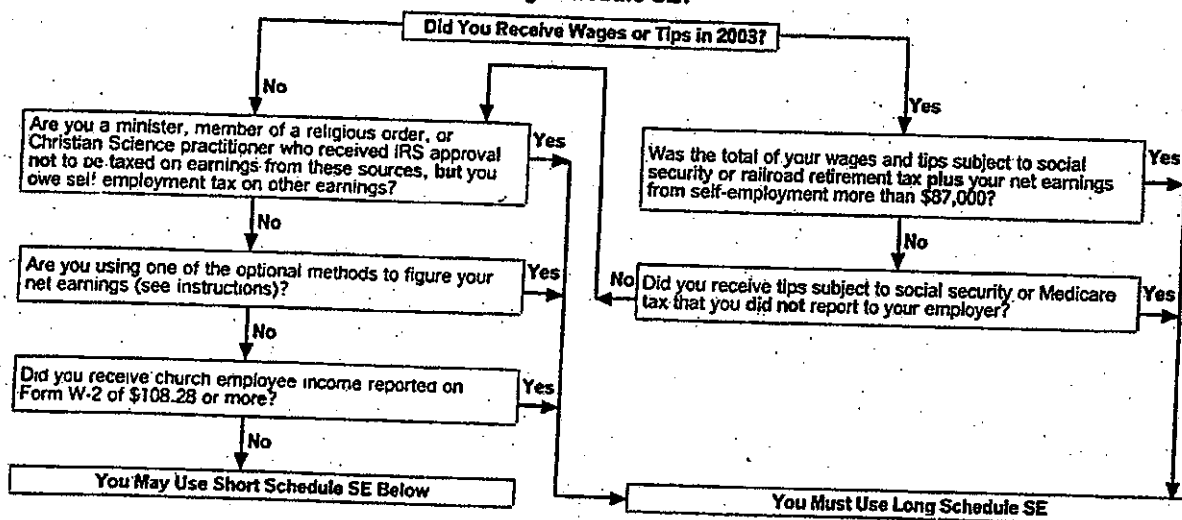
Social security number of person  
with self-employment income ▶**Who Must File Schedule SE**

You must file Schedule SE if:

- You had net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income (see instructions).

**Note.** Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either 'optional method' in Part II of Long Schedule SE (see instructions).

**Exception.** If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write 'Exempt - Form 4361' on Form 1040, line 55.

**May I Use Short Schedule SE or Must I Use Long Schedule SE?****Section A – Short Schedule SE.** Caution. Read above to see if you can use Short Schedule SE.

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a	1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see instructions for amounts to report on this line. See instructions for other income to report	2	8,988.
3	Combine lines 1 and 2	3	8,988.
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax	4	8,300.
5	Self-employment tax. If the amount on line 4 is: • \$87,000 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 55. • More than \$87,000, multiply line 4 by 2.9% (.029). Then, add \$10,788.00 to the result. Enter the total here and on Form 1040, line 55.	5	1,270.
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 28	6	635.

Schedule SE (Form 1040) 2003

FDIA1101 10/07/03

BERT 0045  
BERT V. AK STEEL

CONFIDENTIAL

**SCHEDULE EIC**  
**(Form 1040A or 1040)**Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

VIVIAN D BERT

**Earned Income Credit**  
**Qualifying Child Information**Complete and attach to Form 1040A or 1040  
only if you have a qualifying child.

OMB No. 1545-0074

**2003****43**

Your social security number

**Before you begin:**See the instructions for Form 1040A, line 41, or Form 1040, line 63, to make sure that  
(a) you can take the EIC and (b) you have a qualifying child.

- CAUTION:**
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
  - It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
  - Be sure the child's name on line 1 and social security number (SSN) on line 2a agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

**Qualifying Child Information****Child 1****Child 2****1 Child's name**

First name

Last name

First name

Last name

If you have more than two qualifying children, you only  
have to list two to get the maximum credit.

MALIQUE D BERT

**2 a Child's SSN**The child must have an SSN as defined in the  
Form 1040A or Form 1040 instructions unless the  
child was born and died in 2003. If your child was  
born and died in 2003 and did not have an SSN,  
enter "Died" on this line and attach a copy of the  
child's birth certificate.**b Child's year of birth**Year 1993If born after 1984, skip lines 3a  
and 3b; go to line 4.

Year

If born after 1984, skip lines 3a  
and 3b; go to line 4.**3 If the child was born before 1985 --****a** Was the child under age 24 at the end of 2003 and  
a student?☐ Yes.☐ No.

Go to line 4.

Continue

☐ Yes.☐ No.

Go to line 4.

Continue

**b** Was the child permanently and totally disabled  
during any part of 2003?☐ Yes.☐ No.

Continue

The child is not a  
qualifying child.☐ Yes.☐ No.

Continue

The child is not a  
qualifying child.**4 Child's relationship to you**(for example, son, daughter, grandchild, niece, nephew,  
foster child, etc.)

Son

**5 Number of months child lived with you in the United  
States during 2003**• If the child lived with you for more than half of 2003  
but less than 7 months, enter "7".• If the child was born or died in 2003 and your home  
was the child's home for the entire time he or she  
was alive during 2003, enter "12".12 months

Do not enter more than 12 months.

\_\_\_\_\_ months

Do not enter more than 12 months.

**TIP**You may also be able to take the additional child tax credit if your child (a) was under age 17 at the end of 2003, (b) is claimed as  
your dependent on line 6c of Form 1040A or Form 1040, and (c) is a U.S. citizen or resident alien. For more details see the  
instructions for line 42 of Form 1040A or line 65 of Form 1040.

BAA For Paperwork Reduction Act Notice, see Form 1040A or 1040 Instructions.

Schedule EIC (Form 1040A or 1040) 2003

CONFIDENTIAL

Department of the Treasury — Internal Revenue Service

Form **1040** **U.S. Individual Income Tax Return 2004** (99) IRS Use Only — Do not write or staple in this space.

For the year Jan 1 - Dec 31, 2004, or other tax year beginning 2004, ending 20

**Label** (See instructions.) Your first name Vivian MI D Last name Bert OMB No. 1545-0074  
 if a joint return, spouse's first name MI Last name  
 Spouse's social security number

**Use the IRS label.** Otherwise please print name or type.

Home address (number and street), if you have a P.O. box, see instructions. Apartment no.  
1312 Cherry St

City, town or post office, if you have a foreign address, see instructions. State ZIP code  
Middletown OH 45044

**Presidential Election Campaign** (See instructions.) ☐ Note: Checking 'Yes' will not change your tax or reduce your refund. Do you: or your spouse if filing a joint return, want \$3 to go to this fund? You ☐ Yes ☒ No Spouse ☐ Yes ☐ No

**Filing Status** 1 ☐ Single 4 ☒ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 ☐ Qualifying widow(er) with dependent child (see instructions)

Check only one box. 2 ☐ Married filing jointly (even if only one had income) 3 ☐ Married filing separately. Enter spouse's SSN above & full name here.

**Exemptions** 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a. 6b ☐ Spouse. Boxes checked on 6a and 6b: 1

**c Dependents:** (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ if qualifying child for child tax credit (see instrs) No. of children on 6c who: ☒ lived with you 1 ☐ did not live with you due to divorce or separation (see instrs) Dependents on 6c not entered above Add numbers on lines above 2

If more than four dependents, see instructions.

**Income** 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 7,880.  
 8a Taxable interest. Attach Schedule B if required 8a  
 b Tax-exempt interest. Do not include on line 8a 8b  
 9a Ordinary dividends. Attach Schedule B if required 9a  
 b Qualified dividends (see instrs) 9b  
 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 10  
 11 Alimony received 11  
 12 Business income or (loss). Attach Schedule C or C-EZ 12 411.  
 13 Capital gain or (loss). Att Sch D if reqd. if not reqd, ck here 13  
 14 Other gains or (losses) Attach Form 4797 14  
 15a IRA distributions 15a b Taxable amount (see instrs) 15b  
 16a Pensions and annuities 16a 2,820. b Taxable amount (see instrs) 16b 2,695.  
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17  
 18 Farm income or (loss). Attach Schedule F 18  
 19 Unemployment compensation 19  
 20a Social security benefits 20a b Taxable amount (see instrs) 20b  
 21 Other income 21  
 22 Add the amounts in the far right column for lines 7 through 21. This is your total income. 22 10,986.

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a W-2, see instructions. Enclose, but do not attach, any payment. Also, please use Form 1040-V.

**Adjusted Gross Income** 23 Educator expenses (see instructions) 23  
 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24  
 25 IRA deduction (see instructions) 25  
 26 Student loan interest deduction (see instructions) 26  
 27 Tuition and fees deduction (see instructions) 27  
 28 Health savings account deduction. Attach Form 8889 28  
 29 Moving expenses. Attach Form 3903 29  
 30 One-half of self-employment tax. Attach Schedule SE 30  
 31 Self-employed health insurance deduction (see instrs) 31  
 32 Self-employed SEP, SIMPLE, and qualified plans 32  
 33 Penalty on early withdrawal of savings 33  
 34a Alimony paid b Recipient's SSN 34a  
 35 Add lines 23 through 34a 35  
 36 Subtract line 35 from line 22. This is your adjusted gross income 36 10,986.

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions. FDIA0112 11/10/04 Form 1040 (2004)

BERT 0047  
BERT V. AK STEEL

CONFIDENTIAL

Form 1040 (2004) Vivian D Bert 269-60-2213 Page 2

**Tax and Credits**

37 Amount from line 36 (adjusted gross income) 37 10,986.

38a Check ☐ You were born before January 2, 1940, ☐ Blind. Total boxes checked ☐ 38a

☐ Spouse was born before January 2, 1940, ☐ Blind. ☐ 38b

b If your spouse itemizes on a separate return, or you were a dual-status alien, see instructions and check here ☐ 38b

39 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 39 8,533.

40 Subtract line 39 from line 37 40 2,453.

41 If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet in the instructions 41 6,200.

42 Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0- 42 0.

43 Tax (see instrs). Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972 43 0.

44 Alternative minimum tax (see instructions). Attach Form 6251 44 0.

45 Add lines 43 and 44 45 0.

46 Foreign tax credit. Attach Form 1116 if required 46

47 Credit for child and dependent care expenses. Attach Form 2441 47

48 Credit for the elderly or the disabled. Attach Schedule R 48

49 Education credits. Attach Form 8863 49

50 Retirement savings contributions credit. Attach Form 8880 50

51 Child tax credit (see instructions) 51 0.

52 Adoption credit. Attach Form 8839 52

53 Credits from: a ☐ Form 8396 b ☐ Form 8859 53

54 Other credits. Check applicable box(es): a ☐ Form 3800 b ☐ Form 8801 c ☐ Specify 54

55 Add lines 46 through 54. These are your total credits 55 0.

56 Subtract line 55 from line 45. If line 55 is more than line 45, enter -0- 56 0.

**Other Taxes**

57 Self-employment tax. Attach Schedule SE 57

58 Social security and Medicare tax on bp income not reported to employer. Attach Form 4137 58

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 59

60 Advance earned income credit payments from Form(s) W-2 60

61 Household employment taxes. Attach Schedule H 61

62 Add lines 56-61. This is your total tax 62 0.

**Payments**

63 Federal income tax withheld from Forms W-2 and 1099 63 488.

64 2004 estimated tax payments and amount applied from 2003 return 64

65a Earned income credit (EIC) 65a 2,604.

b Nontaxable combat pay election ☐ 65b

66 Excess social security and tier 1 RRTA tax withheld (see instructions) 66

67 Additional child tax credit. Attach Form 8812 67

68 Amount paid with request for extension to file (see instructions) 68

69 Other pmts from: a ☐ Form 2439 b ☐ Form 4136 c ☐ Form 8885 69

70 Add lines 63, 64, 65a, and 66 through 69. These are your total payments 70 3,092.

**Refund**

71 If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid 71 3,092.

72a Amount of line 71 you want refunded to you 72a 3,092.

b Routing number ☐ c Type: ☒ Checking ☐ Savings

d Account number

73 Amount of line 71 you want applied to your 2005 estimated tax 73

**Amount You Owe**

74 Amount you owe. Subtract line 70 from line 62. For details on how to pay, see instructions 74

75 Estimated tax penalty (see instructions) 75

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ No

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here**

Under penalties of perjury, declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature \_\_\_\_\_ Date \_\_\_\_\_ Your occupation \_\_\_\_\_ Daytime phone number \_\_\_\_\_

Spouse's signature, if a joint return, both must sign. \_\_\_\_\_ Date \_\_\_\_\_ Spouse's occupation \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed ☐ Preparer's SSN or PTIN \_\_\_\_\_

Firm's name (or your self-employed address, and ZIP code) \_\_\_\_\_ Self-Prepared \_\_\_\_\_ EIN \_\_\_\_\_

Phone no. \_\_\_\_\_

FD-1040 (2004)

Form 1040 (2004)

BERT 0048  
BERT V. AK STEEL



CONFIDENTIAL

**SCHEDULE A**  
(Form 1040)**Itemized Deductions**

OMB No. 1545-0074

**2004****07**Department of the Treasury  
Internal Revenue Service (99)▶ Attach to Form 1040.  
▶ See Instructions for Schedule A (Form 1040).

Name(s) shown on Form 1040

Your social security number

Vivian D Bert

**Medical  
and  
Dental  
Expenses****Caution.** Do not include expenses reimbursed or paid by others.

1 Medical and dental expenses (see instructions) 1

2 Enter amount from Form 1040, line 37 2

3 Multiply line 2 by 7.5% (.075) 3

4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- 4

**Taxes You  
Paid**(See  
instructions.)

5 State and local (check only one box):

a ☐ Income taxes, orb ☒ General sales taxes (see instructions) 5 412.

6 Real estate taxes (see instructions) 6 1,351.

7 Personal property taxes 7

8 Other taxes. List type and amount 8

9 Add lines 5 through 8 9

**Interest  
You Paid**(See  
instructions.)

10 Home mtg interest and points reported to you on Form 1098 10 6,770.

11 Home mortgage interest not reported to you on Form 1098.  
If paid to the person from whom you bought the home, see  
instructions and show that person's name, identifying number,  
and address 11

12 Points not reported to you on Form 1098. See instrs for spcl rules 12

13 Investment interest. Attach Form 4952 if required.  
(See instrs.) 13

14 Add lines 10 through 13 14 6,770.

**Gifts to  
Charity**If you made  
a gift and  
got a benefit  
for it, see  
instructions.15 Gifts by cash or check. If you made any gift of \$250 or more,  
see instructions 1516 Other than by cash or check. If any gift of \$250 or  
more, see instructions. You must attach Form 8283 if  
over \$500 16

17 Carryover from prior year 17

18 Add lines 15 through 17 18

**Casualty and  
Theft Losses**

19 Casualty or theft loss(es). Attach Form 4684. (See instructions.) 19

**Job Expenses  
and Most  
Other  
Miscellaneous  
Deductions**(See  
instructions.)20 Unreimbursed employee expenses — job travel, union dues,  
job education, etc. Attach Form 2106 or 2106-EZ if  
required. (See instructions.) 20

21 Tax preparation fees 21

22 Other expenses — investment, safe deposit box, etc. List  
type and amount 22

23 Add lines 20 through 22 23

24 Enter amount from Form 1040, line 37 24

25 Multiply line 24 by 2% (.02) 25

26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0- 26

**Other  
Miscellaneous  
Deductions**

27 Other — from list in the instructions. List type and amount 27

**Total  
Itemized  
Deductions**

28 Is Form 1040, line 37, over \$142,700 (over \$71,350 if MFS)? 28

☒ No. Your deduction is not limited. Add the amounts in the far right column  
for lines 4 through 27. Also, enter this amount on Form 1040, line 39.☐ Yes. Your deduction may be limited. See instructions for the amount to enter.**8,533.**

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

FDIA0301 11/02/04

Schedule A (Form 1040) 2004

BERT 0049  
BERT V. AK STEEL

CONFIDENTIAL

**SCHEDULE C**  
(Form 1041)**Profit or Loss From Business**  
(Sole Proprietorship)

OMB No. 1545-0074

**2004**

09

Department of the Treasury  
Internal Revenue ServicePartnerships, joint ventures, etc., must file Form 1065 or 1065-B.  
Attach to Form 1040 or 1041. See instructions for Schedule C (Form 1040).

Name of proprietor

Social security number (SSN)

Vivian D Bert

A Business or profession, including product or service (see instructions)

HOME AID

B Enter code from instructions

621610

C Enter name. If no separate business name, leave blank.

NURSING

D Employer ID number (EIN), if any

E Business address (including suite or room no.)  
City, town or post office, state, and ZIP code1812 CHERRY STREET  
MIDDLETOWNF Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify)G Did you 'materially participate' in the operation of this business during 2004? If 'No,' see instructions for limit on losses ☒ Yes ☐ NoH If you started or acquired this business during 2004, check here ☒ Yes ☐ No**Part I Income**

1 Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see the instructions and check here <input type="checkbox"/>	1	6,500.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	6,500.
4 Cost of goods sold (from line 42 on page 2)	4	
5 Gross profit. Subtract line 4 from line 3	5	6,500.
6 Other income, including Federal and state gasoline or fuel tax credit or refund	6	
7 Gross income. Add lines 5 and 6	7	6,500.

**Part II Expenses.** Enter expenses for business use of your home only on line 30.

8 Advertising	8		19 Pension and profit-sharing plans	19	
9 Car and truck expenses (see instructions)	9		20 Rent or lease (see instructions):		
10 Commissions and fees	10		a Vehicles, machinery, and equipment	20a	650.
11 Contract labor (see instructions)	11		b Other business property	20b	
12 Depletion	12		21 Repairs and maintenance	21	1,189.
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		22 Supplies (not included in Part III)	22	850.
14 Employee benefit programs (other than on line 19)	14		23 Taxes and licenses	23	
15 Insurance (other than health)	15	450.	24 Travel, meals, and entertainment:		
16 Interest:			a Travel	24a	
a Mortgage (paid to banks, etc)	16a		b Meals and entertainment		
b Other	16b		c Enter nondeductible amount included on line 24b (see instrs)		
17 Legal & professional services	17		d Subtract line 24c from line 24b	24d	
18 Office expense	18	325.	25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28	6,089.	26 Wages (less employment credits)	26	2,500.
29 Tentative profit (loss). Subtract line 28 from line 7	29	411.	27 Other expenses (from line 48 on page 2)	27	
30 Expenses for business use of your home. Attach Form 8829	30				
31 Net profit or (loss). Subtract line 30 from line 29	31	411.			

• If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.  
• If a loss, you must go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.  
• If you checked 32b, you must attach Form 6198.

32a ☐ All investment is at risk.32b ☐ Some investment is not at risk.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

FD-2012 05/06/04

Schedule C (Form 1040) 2004

BERT 0050  
BERT V. AK STEEL

Page 2

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

☐ Yes ☐ No

35

36

37

38

39

40

41

**42**

## cOther

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

## Schedule C (Form 1040) 2004

CONFIDENTIAL

**SCHEDULE EIC**  
(Form 1040A or 1040)Department of the Treasury  
Internal Revenue Service  
Name(s) shown on return**Earned Income Credit**  
Qualifying Child InformationComplete and attach to Form 1040A or 1040  
only if you have a qualifying child.

OMB No. 1545-0074

**2004**

43

Your social security number

Vivian D Bert

**Before you begin:**

See the instructions for Form 1040A, lines 41a and 41b, or Form 1040, lines 65a and 65b, to make sure that (a) you can take the EIC and (b) you have a qualifying child.

- CAUTION:**
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
  - It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
  - Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

**Qualifying Child Information**

	Child 1		Child 2	
1 Child's name	First name	Last name	First name	Last name
If you have more than two qualifying children, you only have to list two to get the maximum credit.	Malique	Bert		
2 Child's SSN				
The child must have an SSN as defined in the Form 1040A or Form 1040 instructions unless the child was born and died in 2004. If your child was born and died in 2004 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate.				
3 Child's year of birth	Year <u>1993</u> If born after 1985, skip lines 4a and 4b; go to line 5.		Year _____ If born after 1985, skip lines 4a and 4b; go to line 5.	
4 If the child was born before 1986 --				
a Was the child under age 24 at the end of 2004 and a student?	<input type="checkbox"/> Yes. Go to line 5. <input type="checkbox"/> No. Continue		<input type="checkbox"/> Yes. Go to line 5. <input type="checkbox"/> No. Continue	
b Was the child permanently and totally disabled during any part of 2004?	<input type="checkbox"/> Yes. Continue <input type="checkbox"/> No. The child is not a qualifying child.		<input type="checkbox"/> Yes. Continue <input type="checkbox"/> No. The child is not a qualifying child.	
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	Son			
6 Number of months child lived with you in the United States during 2004				
• If the child lived with you for more than half of 2004 but less than 7 months, enter "7".				
• If the child was born or died in 2004 and your home was the child's home for the entire time he or she was alive during 2004, enter "12".	<u>12</u> months Do not enter more than 12 months.		_____ months Do not enter more than 12 months.	

**TIP** You may also be able to take the additional child tax credit if your child (a) was under age 17 at the end of 2004, (b) is claimed as your dependent on line 6c of Form 1040A or Form 1040, and (c) is a U.S. citizen or resident alien. For more details, see the instructions for line 42 of Form 1040A or line 67 of Form 1040.

BAA For Paperwork Reduction Act Notice, see Form 1040A or 1040 Instructions.

Schedule EIC (Form 1040A or 1040) 2004

CONFIDENTIAL

IT 1040

## OHIO Income Tax Return

2004

For the year Jan. 1 - Dec. 31, 2004 or other taxable year ending

Social Security Numbers must be entered below.

First name <b>Vivian</b>	Initial <b>D</b>	Last name <b>Bert</b>	Your social security number	Filing Status — check only one <input checked="" type="checkbox"/> Single or Head of Household <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately, enter spouse's SSN
If a joint return, spouse's first name <b>Bert</b>			Spouse's social security no.	
Address (number and street) <b>1811 Cherry St</b>			Apt. No. <b>Butl</b>	
City or town, state and zip code <b>COLUMBUS OH 43204</b>			Ohio Public School District Number (See instructions.) <b>0906</b>	

Ohio Residency Status (see instructions) <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Nonresident	<input type="checkbox"/> Part-Year Resident from <b>04</b> to <b>04</b>	Ohio Political Party Fund Do you want \$1 to go to this fund? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If joint return, does your spouse want \$1 to go to this fund? <input type="checkbox"/> Yes <input type="checkbox"/> No
State of residence		Note: Checking "Yes" will not increase your tax or decrease your refund.

## INCOME

1 Federal Adjusted Gross Income (from federal Form 1040, line 36; or 1040A, line 21; or 1040EZ, line 4; or 1040TEL)	1	10,986.
2 Ohio Adjustments (from line 45 on page 2 of this return)	2	
3 Ohio Adjusted Gross Income (line 2 subtracted from or added to line 1)	3	10,986.
4 Multiply your personal and dependent exemptions <b>2</b> times \$1,300 and enter the result here	4	2,600.
5 Ohio Taxable Income (subtract line 4 from line 3)	5	8,386.

## TAX AND CREDITS

6 Tax on line 5 (see tax tables in the instructions)	6	87.
7 Credits from Schedule B (line 54 on page 2 of this return)	7	
8 Ohio Tax less Schedule B Credits (Subtract line 7 from line 6. If line 7 is more than line 6, enter zero.)	8	87.
9 Exemption Credit: Number of personal and dependent exemptions <b>2</b> times \$20	9	40.
10 Ohio Tax less Exemption Credit (Subtract line 9 from line 8. If line 9 is more than line 8, enter zero.)	10	47.
11 Joint Filing Credit (see instructions and attach documentation) <b>8</b> times line 10 (Limit \$550)	11	
12 Ohio Tax less Joint Filing Credit (subtract line 11 from line 10. If line 11 is more than line 10, enter zero.)	12	47.
13 Resident/Nonresident/Part-Year Credits (Schedules C or D) and Nonrefundable Business Credits (attach Schedule E)	13	
14 Ohio Income Tax (Subtract line 13 from line 12. If line 13 is more than line 12, enter zero.)	14	47.
15 Interest Penalty on Underpayment of Estimated Tax Check <input type="checkbox"/> if Form IT 2210 is attached	15	
16 Unpaid Ohio Use Tax (please see worksheet in the instructions) The amount you show on this line is part of your total income tax liability for this year.	16	
17 Total Ohio Tax (add line 14, line 15, and line 16)	17	47.

## PAYMENTS

18 Ohio Tax Withheld (box 17 on your W-2) (attach W-2's to page 2 of this form)	18	173.	GO Paperless. It's FREE! Try I-File. <a href="http://www.tax.ohio.gov">www.tax.ohio.gov</a>
19 Ohio Estimated Tax, 17 40P Payments for 2004, and 2003 Overpayment Credited to 2004	19		
20 Refundable Business Jobs Credit 20a <b>attach certificates</b> Credit 20b <b>attach K-1's</b> Total of 20a and 20b	20		
21 Add lines 18, 19, and 20	21	173.	

## REFUND OR AMOUNT YOU OWE

22 Amount You Owe (if line 21 is less than line 17, subtract line 21 from line 17). See instructions. Check here <input type="checkbox"/> and attach Form IT 40P if you are making a payment — make payable to Ohio Treasurer of State. Check here <input type="checkbox"/> if you have paid or will pay with an electronic check or credit card	22		File electronically and receive your refund in 5-7 days by direct deposit!
23 If line 21 is GREATER than line 17, subtract line 17 from line 21	23	126.	
24 Amount of line 23 you wish to DONATE for Ohio's wildlife species and endangered wildlife conservation: \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other <input type="checkbox"/> Check box and enter amount on line 24	24		
25 Amount of line 23 you wish to DONATE for nature preserves, scenic rivers, and endangered species protection: \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other <input type="checkbox"/> Check box and enter amount on line 25	25		
26 Amount of line 23 to be credited to 2005 estimated tax liability	26		
27 Amount of line 23 to be refunded (subtract amounts on lines 24, 25, and 26 from line 23)	27	126.	

IF THE BALANCE DUE IS LESS THAN \$1.01, PAYMENT NEED NOT BE MADE, AND IF THE OVERPAYMENT IS LESS THAN \$1.01, NO REFUND WILL BE ISSUED. I have read this return. Under penalties of perjury, I declare that to the best of my knowledge and belief, the return is true, correct, and complete.

SIGN HERE	Your signature	Date
	Spouse's signature (if filing jointly, BOTH must sign)	Phone number (optional)
	Preparer's signature	Preparer's phone number
	Preparer's address (including zip code) Self-Prepared	

For Departmental Use Only	
18a	U
NO Payment Enclosed — Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679	Payment Enclosed — Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057

OHIA0512 12/14/04

BERT 0053  
BERT V. AK STEEL



CONFIDENTIAL

Form IT-1040 Vivian D Bert

**Schedule A – Adjustments to Income (Additions and Deductions)**

Additions – add to the extent not included in federal adjusted gross income (line 1)

28 Add non-Ohio state or local government interest and dividends 28\*

29 Add Pass-through Entity addback 29\*

30 Add income from an electing small business trust (ESBT – see instructions) 30\*

31 Other, Check all that apply:

a ☐ Federal interest and dividends subject to state taxation and miscellaneous federal tax adjustmentsb ☐ Reimbursement of college tuition expenses and fees deducted in any previous year(s)c ☐ Losses from sale or disposition of Ohio Public Obligationsd ☐ Non-medical withdrawals from an Ohio Medical Savings Accounte ☐ Reimbursements of expenses previously deducted for Ohio income tax purposes but only if the reimbursement is not in FAGIf ☐ Non-education expenditures from College Savings Accountg ☐ Add back the depreciation adjustment for IRC sections 168(k) and 179

Total of a through g

32 Total additions (add lines 28 through 31) 31\*

Deductions – see limitations in instructions 32\*

33 Deduct federal interest and dividends exempt from state taxation 33\*

34 Deduct compensation earned in Ohio by full-year residents of neighboring states and certain income earned by military nonresidents: ☐ Check box if you are a military nonresident 34\*

35 Deduct state or municipal income tax overpayments (see instructions) 35\*

36 Deduct disability and survivorship benefits (does not include pension continuations) 36\*

37 Deduct qualifying social security benefits and some railroad benefits 37\*

38 Deduct contributions to CollegeAdvantage 529 savings plan and/or purchases of tuition credits 38\*

39 Deduct qualified tuition expenses paid to an eligible Ohio educational institution 39\*

40 Deduct un-subsidized health insurance/long term care insurance and excess medical expenses (see worksheet) 40\*

41 Deduct funds deposited into and earnings of a Medical Savings Account for eligible medical expenses (see worksheet) 41\*

42 Deduct losses from an electing small business trust (ESBT – see instructions) 42\*

43 Other, Check all that apply:

a ☐ Wage and salary expense not deducted due to the federal targeted jobs or the work opportunity tax creditsb ☐ Interest income from Ohio Public Obligations and Ohio Purchase Obligations and gains from the sale or disposition of Ohio Public Obligationsc ☐ Refund or reimbursements shown on federal Form 1040, line 21, for itemized deductions claimed on a prior year federal income tax returnd ☐ Repayment of income reported in a prior year and miscellaneous federal tax adjustmentse ☐ Amount contributed to an Individual Development Accountf ☐ Depreciation expense adjustment for IRC sections 168(k) and 179

Total of a through f

44 Total Deductions (add lines 33 through 43) 43\*

45 Net adjustments – if line 32 is GREATER than line 44, enter the difference here and on line 2 as a positive amount. If line 32 is LESS than line 44, enter the difference here and on line 2 as a negative amount 44\*

**Schedule B – Credits**

46 Retirement Income Credit (see instructions for credit table) (Limit – \$200) 46\*

47 Senior Citizen Credit (Limit – \$50 per return) 47\*

48 Lump Sum Distribution Credit (you must be 65 years of age or older to claim this credit) 48\*

49 Child and Dependent Care Credit (see instructions and worksheet) 49\*

50 Lump Sum Retirement Credit 50\*

51 Job Training Credit (see instructions and worksheet) (Limit – \$500 single; \$1,000 joint, if both spouses qualify) 51\*

52 Ohio Political Contributions Credit (Limit – \$50 single; \$100 joint) 52\*

53 Ohio Adoption Credit (Limit – \$500 per adoption) 53\*

54 Total Credits (add lines 46 through 53) – enter here and on line 7 54\*

**Schedule C – Ohio Resident**

55 Enter the portion of line 3 subjected to tax by other states or the District of Columbia while an Ohio resident: 55\*

56 Enter Ohio Adjusted Gross Income (line 3) 56

57 Divide line 55 by line 56 ☐ Multiply by the amount on line 12 57

58 Enter the 2004 income tax less all related credits other than withholding and estimated tax payments and carry-forwards from previous years paid to other states or the District of Columbia 58\*

59 Enter the smaller of line 57 or line 58. This is your Ohio Resident Tax Credit. Enter here and on line 13 59

List the state(s) other than Ohio with which you filed 2004 Income Tax Returns

**Schedule D – Nonresident/Part-Year Resident**

OHIA0512 12/14/04

60 Enter the portion of Ohio Adjusted Gross Income (line 3) that was not earned or received in Ohio (attach calculation) 60\*

61 Enter the Ohio Adjusted Gross Income (line 3) 61

62 Divide line 60 by line 61 ☐ Multiply by the amount on line 12. Enter here and on line 13 62

BERT 0054

BERT V. AK STEEL

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BE221305  
Tue Mar 21 2006 16:03

Form 1040 Department of the Treasury - Internal Revenue Service  
U.S. Individual Income Tax Return 2005

For the year Jan 1 - Dec 31, 2005, or other tax year beginning 2005, ending 20 OMB No. 1545-0074

Label (See instructions on page 16.)  
Use the IRS label. Otherwise, please print or type.  
Presidential Election Campaign

1 ☐ Single  
2 ☐ Married filing jointly (even if only one had income)  
3 ☐ Married filing separately. Enter spouse's SSN above and full name here.  
4 ☒ Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.  
5 ☐ Qualifying widow(er) with dependent child (see page 17)

Exemptions  
6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a.  
b ☐ Spouse  
c Dependents:  
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ If qualifying child for child tax credit (see pg 19)  
MALIQUE BERT ION  
d Total number of exemptions claimed Add numbers on lines above 2

Income  
7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 18,514.  
8a Taxable interest. Attach Schedule B if required 8a  
b Tax-exempt interest. Do not include on line 8a 8b  
9a Ordinary dividends. Attach Schedule B if required 9a  
b Qualified dividends (see page 23) 9b  
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23) 10 126.  
11 Alimony received. 11  
12 Business income or (loss). Attach Schedule C or C-EZ 12  
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 13  
14 Other gains or (losses). Attach Form 4797 14  
15a IRA distributions 15a  
16a Pensions and annuities 16a 2,821. b Taxable amount (see pg 25) 15b  
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17  
18 Farm income or (loss). Attach Schedule F 18  
19 Unemployment compensation 19  
20a Social security benefits 20a 12,984. b Taxable amount (see pg 27) 20b 1,414.  
21 Other income. List 21  
22 Add the amounts in the far-right column for lines 7 through 21. This is your total income 22 22,749.

Adjusted Gross Income  
23 Educator expenses (see page 29) 23  
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24  
25 Health savings account deduction. Attach Form 8889 25  
26 Moving expenses. Attach Form 3903 26  
27 One-half of self-employment tax. Attach Schedule SE 27  
28 Self-employed SEP, SIMPLE, and qualified plans 28  
29 Self-employed health insurance deduction (see page 30) 29  
30 Penalty on early withdrawal of savings 30  
31a Alimony paid b Recipient's SSN 31a  
32 IRA deduction (see page 31) 32  
33 Student loan interest deduction (see page 33) 33  
34 Tuition and fees deduction (see page 34) 34  
35 Domestic production activities deduction. Attach Form 8903 35  
36 Add lines 23 through 31a and 32 through 35 36 0.  
37 Subtract line 36 from line 22. This is your adjusted gross income 37 22,749.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions Form 1040 (2005)

CONFIDENTIAL

BE2233  
Tue Mar 27 2006 16:03

Form 1040 (2005)

VIVIAN D BERT

Page 2

Tax and  
Credits

38 Amount from line 37 (adjusted gross income) 38 22,749.

39a Check ☐ You were born before January 2, 1941, ☐ Blind. Total boxes checked ☐ 39a 0  
if: ☐ Spouse was born before January 2, 1941, ☐ Blind. ☐ checked ☐ 39bb If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here ☐ 39b

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 10,441.

41 Subtract line 40 from line 38 41 12,308.

42 If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see page 37. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d 42 6,400.

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 5,908.

44 Tax (see pg 37). Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972 44 593.

45 Alternative minimum tax (see page 39). Attach Form 6251 45 0.

46 Add lines 44 and 45 46 593.

47 Foreign tax credit. Attach Form 1116 if required 47

48 Credit for child and dependent care expenses. Attach Form 2441 48

49 Credit for the elderly or the disabled. Attach Schedule R 49

50 Education credits. Attach Form 8863 50

51 Retirement savings contributions credit. Attach Form 8880 51

52 Child tax credit (see page 41). Attach Form 8901 if required 52 593.

53 Adoption credit. Attach Form 8839 53

54 Credits from: a ☐ Form 8396 b ☐ Form 8859 5455 Other credits. Check applicable box(es): a ☐ Form 3800 55b ☐ Form 8801 c ☐ Form 56 Add lines 47 through 55. These are your total credits 56 593.

57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- 57 0.

Other  
Taxes

58 Self-employment tax. Attach Schedule SE 58

59 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 59

60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 60

61 Advanced earned income credit payments from Form(s) W-2 61

62 Household employment taxes. Attach Schedule H 62

63 Add lines 57 through 62. This is your total tax 63 0.

Payments

64 Federal income tax withheld from Forms W-2 and 1099 64 2,596.

65 2005 estimated tax payments and amount applied from 2004 return 65

66a Earned income credit (EIC) 66a 1,327.

b Nontaxable combat pay election ☐ 66b

67 Excess social security and tier 1 RRTA tax withheld (see page 59) 67

68 Additional child tax credit. Attach Form 8812 68 407.

69 Amount paid with request for extension to file (see page 59) 69

70 Payments from: a ☐ Form 2439 b ☐ Form 4136 c ☐ Form 8885 70

71 Add lines 64, 65, 66a, and 67 through 70. These are your total payments. 71 4,330.

Refund

72 If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid 72 4,330.

73a Amount of line 72 you want refunded to you 73a 4,330.

b Routing number ☐ 73bc Type: ☒ Checking ☐ Savings ☐ 73c74 Amount of line 72 you want applied to your 2005 estimated tax ☐ 74Amount  
You Owe

75 Amount you owe. Subtract line 71 from line 63. For details on how to pay, see page 60 75

Third Party  
DesigneeDo you want to allow another person to discuss this return with the IRS (see page 61)? ☒ Yes. Complete the following. ☐ NoSign  
Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature 02213 Date Your occupation Daytime phone number

Spouse's signature, if a joint return, both must sign. Date Spouse's occupation

Paid

Preparer's  
Use OnlyPreparer's signature JANET L ANDERSON 03/21/2006 Check if self-employed ☐ Preparer's SSN or PTIN P00085705  
Firm's name (or yours if self-employed) PALMER & ASSOC TAX INC EIN 11-3661300  
address, and ZIP code 302 EDGEWOOD DR TRENTON, OH 45067 Phone no. 513-988-1771

FVA (18760)

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BERT 0056  
BERT V. AK STEEL

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BE2213.00  
Tue Mar 21 10:06 16:03SCHEDULE A  
(Form 1040)Department of the Treasury  
Internal Revenue Service

Name: VIVIAN D BERT

## Schedule A - Itemized Deductions

▶ Attach to Form 1040. ▶ See Instructions for Schedule A (Form 1040).

OMB No. 1545-0074

2005  
07

VIVIAN D BERT

Your social security number

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see page A-2)	1			
2	Enter amount from Form 1040, line 38	2			
3	Multiply line 2 by 7.5% (.075)	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			0.
Taxes You Paid (See page A-2.)		5 State and local (check only one box):			
		a <input checked="" type="checkbox"/> Income taxes, or		5	979.
		b <input type="checkbox"/> General sales taxes (see page A-3)			
6	Real estate taxes (see page A-5)	6		1,368.	
7	Personal property taxes	7			
8	Other taxes. List type and amount ▶	8			
9	Add lines 5 through 8	9			2,347.
Interest You Paid (See page A-5.)		10 Home mortgage interest and points reported to you on Form 1098		10	6,794.
		11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-6 and show that person's name, identifying no., and address ▶		11	
Note. Personal interest is not deductible.		12 Points not reported to you on Form 1098. See page A-6 for special rules		12	
		13 Investment interest. Attach Form 4952 if required. (See page A-6.)		13	
14	Add lines 10 through 13	14			6,794.
Gifts to Charity		15a Total gifts by cash or check. If you made any gift of \$250 or more, see page A-7		15a	1,300.
If you made a gift and got a benefit for it, see page A-7.		15b Gifts by cash or check after August 27, 2005, that you elect to treat as qualified contributions (see page A-7).		15b	
16	Other than by cash or check. If any gift of \$250 or more, see page A-7. You must attach Form 8283 if over \$500	16			
17	Carryover from prior year	17			
18	Add lines 15a, 16, and 17	18			1,300.
Casualty and Theft Losses		19 Casualty or theft loss(es). Attach Form 4684. (See page A-8.)		19	0.
Job Expenses and Certain Miscellaneous Deductions (See page A-8.)		20 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-8.) ▶		20	
		21 Tax preparation fees		21	
		22 Other expenses - investment, safe deposit box, etc. List type and amount ▶		22	
23	Add lines 20 through 22	23			
24	Enter amount from Form 1040, line 38	24			
25	Multiply line 24 above by 2% (.02)	25			
26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26			0.
Other Miscellaneous Deductions		27 Other - from list on page A-9. List type and amount ▶		27	0.
Total Itemized Deductions		28 Is Form 1040, line 38, over \$145,950 (over \$72,975 if married filing separately)?		28	10,441.
		<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 40.			
		<input type="checkbox"/> Yes. Your deduction may be limited. See page A-9 for the amount to enter.			
29 If you elect to itemize deductions even though they are less than your standard deduction, check here					

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule A (Form 1040) 2005

FVA

BERT 0057  
BERT V. AK STEEL



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BE2213.6a  
Tue Mar 21 2006 16:03**SCHEDULE EIC**  
(Form 1040A or 1040)Department of the Treasury  
Internal Revenue Service  
Name(s) as shown on return**Earned Income Credit  
Qualifying Child Information**

▶ Complete and attach to Form 1040A or 1040 only if you have a qualifying child.

OMB No. 1545-0074

**2005  
43****VIVIAN D BERT**

Your social security number

Before you begin: See the instructions for Form 1040A, lines 41a and 41b, or Form 1040, lines 66a and 66b, to make sure that (a) you can take the EIC and (b) you have a qualifying child.

- Caution**
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See page 2 for details.
  - It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
  - Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

**Qualifying Child Information**

	Child 1		Child 2	
	First name	Last name	First name	Last name
<b>1</b> Child's name If you have more than two qualifying children, you only have to list two to get the maximum credit.	MALIQUE BERT			
<b>2</b> Child's SSN The child must have an SSN as defined on page 44 of the Form 1040A instructions or page 48 of the Form 1040 instructions unless the child was born & died in 2005. If your child was born & died in 2005 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate.				
<b>3</b> Child's year of birth Year <u>1993</u> If born after 1986, skip lines 4a and 4b; go to line 5.			Year _____ If born after 1986, skip lines 4a and 4b; go to line 5.	
<b>4</b> If the child was born before 1987— <b>a</b> Was the child under age 24 at the end of 2005 and a student? <input type="checkbox"/> Yes. Go to line 5. <input type="checkbox"/> No. Continue			<input type="checkbox"/> Yes. Go to line 5. <input type="checkbox"/> No. Continue	
<b>b</b> Was the child permanently and totally disabled during any part of 2005? <input type="checkbox"/> Yes. Continue <input type="checkbox"/> No. The child is not a qualifying child.			<input type="checkbox"/> Yes. Continue <input type="checkbox"/> No. The child is not a qualifying child.	
<b>5</b> Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	SON			
<b>6</b> Number of months child lived with you in the United States during 2005 • If the child lived with you for more than half of 2005 but less than 7 months, enter "7". • If the child was born or died in 2005 and your home was the child's home for the entire time he or she was alive during 2005, enter "12". <u>12</u> months Do not enter more than 12 months.			_____ months Do not enter more than 12 months.	

**TIP** You may also be able to take the additional child tax credit if your child (a) was under age 17 at the end of 2005, and (b) is a U.S. citizen or resident alien. For more details, see the instructions for line 42 of Form 1040A or line 68 of Form 1040.

For Paperwork Reduction Act Notice, see Form 1040A or 1040 Instructions

Schedule EIC (Form 1040A or 1040) 2005

FVA

BERT 0058  
BERT V. AK STEEL



CONFIDENTIAL

BE221332  
Tue Mar 21 2006 16:03Form **8812****Additional Child Tax Credit**

OMB No. 1545-0074

**2005**  
**47**Department of the Treasury  
Internal Revenue Service

Complete and attach to Form 1040 or 1040A.

Name(s) shown on return

**VIVIAN D BERT**

Your social security number

**Part I All Filers**

1	Enter the amount from line 1 of your Child Tax Credit Worksheet on page 42 of the Form 1040 instructions or page 39 of the Form 1040A instructions. If you used Pub. 972, enter the amount from line 8 of the worksheet on page 4 of the publication.	1	1,000.
2	Enter the amount from Form 1040, line 52, or Form 1040A, line 33.	2	593.
3	Subtract line 2 from line 1. If zero, stop; you cannot take this credit.	3	407.
4a	Earned income (see instructions on back). If your main home was in the Hurricane Katrina disaster area on August 25, 2005, and you are electing to use your 2004 earned income, check here <input type="checkbox"/>	4a	18,514.
4b	Nontaxable combat pay (see instructions on back).	4b	
5	Is the amount on line 4a more than \$11,000? <input type="checkbox"/> No. Leave line 5 blank and enter -0- on line 6. <input checked="" type="checkbox"/> Yes. Subtract \$11,000 from the amount on line 4a. Enter the result.	5	7,514.
6	Multiply the amount on line 5 by 15% (.15) and enter the result. Next: Do you have three or more qualifying children? <input checked="" type="checkbox"/> No. If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part II and enter the smaller of line 3 or line 6 on line 13. <input type="checkbox"/> Yes. If line 6 is equal to or more than line 3, skip Part II and enter the amount from line 3 on line 13. Otherwise, go to line 7.	6	1,127.

**Part II Certain Filers Who Have Three or More Qualifying Children**

7	Withheld social security and Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If you worked for a railroad, see instructions.	7	
8	1040 filers: Enter the total of the amounts from Form 1040, lines 27 and 59, plus any uncollected social security and Medicare or tier 1 RRTA taxes included on line 63. 1040A filers: Enter -0-.	8	
9	Add lines 7 and 8.	9	
10	1040 filers: Enter the total of the amounts from Form 1040, lines 66a and 67. 1040A filers: Enter the total of the amount from Form 1040A, line 41a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 43 (see instructions).	10	
11	Subtract line 10 from line 9. If zero or less, enter -0-.	11	
12	Enter the larger of line 6 or line 11. Next, enter the smaller of line 3 or line 12 on line 13.	12	

**Part III Additional Child Tax Credit**

13	This is your additional child tax credit	13	407.
----	--	----	------

Enter this amount on  
Form 1040, line 68, or  
Form 1040A, line 42.

For Paperwork Reduction Act Notice, see separate instructions

Form 8812 (2005)

FVA

BERT 0059  
BERT V. AK STEEL

CONFIDENTIAL

BE2213JG  
Tue Mar 27 2006 16:03**IT 1040 OHIO Income Tax Return 2005**

For the year Jan. 1-Dec. 31, 2005 or other taxable year ending

20

Social security numbers must be filled in below.

Your first name <b>VIVIAN</b>		Last name <b>D BERT</b>		Your social security number		Filing status - check only one <input checked="" type="checkbox"/> Single or head of household <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately - enter spouse's SS#	
If a joint return, spouse's first name		Last name		Spouse's social security no. (if joint)			
Home address (street and street) <b>1812 CHERRY ST</b>				Apt. Number		Ohio county <b>BUTL</b>	
City, town or village, state and ZIP code <b>MIDDLETOWN OH 45044</b>				Ohio public school district number (see pages 35-39.)		<b>0906</b>	
Ohio Residency Status (see instructions) <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Nonresident				Part-year resident from 05 to 05		Ohio Political Party Fund Do you want \$1 to go to this fund? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If joint return, does your spouse want \$1 to go to this fund? <input type="checkbox"/> Yes <input type="checkbox"/> No	
State of residence				Note: Checking "Yes" will not increase your tax or decrease your refund.			

INCOME	1. Federal adjusted gross income (from federal form 1040, line 37; or 1040A, line 21; or 1040EZ, line 4)	1.	22,749.00	
	2. Ohio adjustments (from line 48 on page 2 of this return)	2.	(4,235.00)	
	3. Ohio adjusted gross income (line 2 added to or subtracted from line 1)	3.	18,514.00	
	4. Multiply your personal and dependent exemptions <input type="text" value="2"/> times \$1,350 and enter the result here	4.	2,700.00	
	5. Ohio taxable income (subtract line 4 from line 3)	5.	15,814.00	
	TAX AND CREDITS	6. Tax on line 5 (see tax tables, pages 28-34)	6.	279.00
		7. Credits from Schedule B (line 58 on page 2 of this return)	7.	0.00
		8. Ohio tax less Schedule B credits (Subtract line 7 from line 6. If line 7 is more than line 6, enter -0-.)	8.	279.00
		9. Exemption credit: Number of personal and dependent exemptions <input type="text" value="2"/> times \$20	9.	40.00
		10. Ohio tax less exemption credit (subtract line 9 from line 8. If line 9 is more than line 8, enter -0-.)	10.	239.00
		11. Joint filing credit (see instructions and attach documentation) <input type="text" value=""/> % times line 10 (line 505)	11.	
		12. Ohio tax less joint filing credit (Subtract line 11 from line 10. If line 11 is more than line 10, enter -0-.)	12.	239.00
		13. Resident/nonresident/part-year credits (Sch. C or D) & nonrefundable business credits (attach Sch. E)	13.	
		14. Ohio income tax before manufacturing equipment grant. (Subtract line 13 from line 12. If line 13 is more than line 12, enter -0-.)	14.	239.00
		15. Manufacturing equipment grant. You must attach the grant request form	NEW 15.	
		16. Ohio income tax (Subtract line 15 from line 14. If line 15 is more than line 14, enter -0-.)	16.	239.00
		17. Interest penalty on underpayment of estimated tax: Check <input type="checkbox"/> if form IT 2210 attached	17.	
		18. Unpaid Ohio use tax (see worksheet on pg 27) The amount you show on this line is part of your total income tax liability for this year.	18.	0.00
		19. Total Ohio tax (add lines 16, 17 and 18)	19.	239.00
PAYMENTS	20. Ohio Tax Withheld (box 17 on your W-2) (attach W-2's to the back of this form)	20.	702.00	
	21. Ohio estimated tax, IT 40P payments for 2005, and 2004 overpayment credited to 2005	21.		
	22. Refundable business jobs Credit 22a <input type="text" value=""/> Refundable pass-through entity Total of lines 22a and 22b <input type="text" value=""/> (attach certificates) (attach K1's)	22.		
	23. Add lines 20, 21 and 22	TOTAL PAYMENTS ▶ 23.	702.00	
REFUND OR OVER	24. Amount You Owe (if line 23 is less than line 19, subtract line 23 from line 19). See pages 41 and 42. Check here <input type="checkbox"/> and enclose form IT 40P if you are making a payment - make payable to Ohio Treasurer of State. Check here <input type="checkbox"/> if you have paid or will pay with an electronic check or credit card	24.	0.00	
	25. If line 23 is GREATER than line 19, subtract line 19 from line 23. AMOUNT OVERPAID ▶	25.	463.00	
	26. Amount of line 25 to be credited to 2006 estimated income tax liability . . . CREDIT ▶	26.		
	27. Amount of line 25 you wish to donate to the Military Injury Relief Fund	NEW 27.		
	28. Amount of line 25 you wish to donate for nature preserves, scenic rivers & protection of endangered species	28.		
	29. Amount of line 25 you wish to donate for Ohio's wildlife species and conservation of endangered wildlife	29.		
	30. Amount of line 25 to be refunded. (Subtract amounts on lines 26, 27, 28 and 29 from line 25.)	YOUR REFUND ▶ 30.	463.00	

IF THE BALANCE DUE IS LESS THAN \$1.01 PAYMENT NEED NOT BE MADE. AND IF THE OVERPAYMENT IS LESS THAN \$1.01 NO REFUND WILL BE ISSUED.

I have read this return. Under penalties of perjury, I declare that to the best of my knowledge and belief, the return is true, correct, and complete.

Your signature Date		FOR DEPARTMENTAL USE ONLY	
Spouse's signature (if filing jointly, BOTH must sign) Phone number (optional)			
Preparer's signature <b>JANET L ANDERSON</b>			
Preparer's phone number <b>513-988-1771</b>			
<b>302 EDGEWOOD DR TRENTON OH 45087</b>		NO Payment Enclosed - Mail to Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679 Payment Enclosed - Mail to Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057	

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BERT V. AK STEEL

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BE2215 CJ  
Tue Mar 27 2006 16:03

Ohio IT 1040, page 2

VIVIAN D BERT

<p><b>Adjustments to Income</b></p> <p><b>31. Add non-Ohio state or local government interest and dividends</b> . . . . . 31. ●</p> <p><b>32. Add pass-through entity add-back</b> . . . . . 32. ●</p> <p><b>33. Add income from an electing small business trust (ESBT - see instructions)</b> . . . . . 33. ●</p> <p><b>34. Other. Check all that apply:</b></p> <p><input type="checkbox"/> Federal interest and dividends subject to state taxation and miscellaneous federal tax adjustments</p> <p><input type="checkbox"/> Reimbursements of college tuition expenses and fees deducted in any previous year(s)</p> <p><input type="checkbox"/> Losses from sale or disposition of Ohio public obligations</p> <p><input type="checkbox"/> Nonmedical withdrawals from an Ohio medical savings account and miscellaneous federal tax adjustments</p> <p><input type="checkbox"/> Reimbursement of expenses previously deducted for Ohio income tax purposes, but only if the reimbursement is not in FAGI</p> <p><input type="checkbox"/> Noneducation expenditures from college savings account</p> <p><input type="checkbox"/> Add back the depreciation adjustment for Internal Revenue Code sections 168(k) and 179</p> <p>Total of a through g</p>		<p>34. ●</p> <p>35. ●</p>
<p><b>35. Total additions (add lines 31 through 34)</b> . . . . . 34. ●</p> <p><b>Deductions - see limitations in instructions</b> . . . . . 35. ●</p> <p><b>36. Deduct federal interest and dividends exempt from state taxation</b> . . . . . 36. ●</p> <p><b>37. Deduct compensation earned in Ohio by full-year residents of neighboring states and certain income earned by military nonresidents. Check box if you are a military nonresident</b> <input type="checkbox"/> . . . . . 37. ●</p> <p><b>38. Deduct state or municipal income tax overpayments (see instructions)</b> . . . . . 38. ●</p> <p><b>39. Deduct disability and survivorship benefits (does not include pension continuations)</b> . . . . . 39. ●</p> <p><b>40. Deduct qualifying social security benefits and some railroad benefits</b> . . . . . 40. ●</p> <p><b>41. Deduct contributions to CollegeAdvantage 529 savings plan and/or purchases of tuition credits</b> . . . . . 41. ●</p> <p><b>42. Deduct qualified tuition expenses paid to an eligible Ohio educational institution</b> . . . . . 42. ●</p> <p><b>43. Deduct unsubsidized health insurance/long term care insurance and excess medical expenses (see worksheet)</b> . . . . . 43. ●</p> <p><b>44. Deduct funds deposited into &amp; earnings of a medical savings account for eligible medical expenses (see wkst)</b> . . . . . 44. ●</p> <p><b>45. Deduct losses from an electing small business trust (ESBT - see instructions)</b> . . . . . 45. ●</p> <p><b>46. Other. Check all that apply:</b></p> <p><input type="checkbox"/> Wage &amp; salary expense not deducted due to the federal targeted jobs or the work opportunity tax credits</p> <p><input type="checkbox"/> Interest income from Ohio public obligations and Ohio purchase obligations and gains from the sale or disposition of Ohio public obligations</p> <p><input type="checkbox"/> Refund or reimbursements shown on federal form 1040, line 21, for itemized deductions claimed on a prior year federal income tax return</p> <p><input type="checkbox"/> Repayment of income reported in a prior year and miscellaneous federal tax adjustments</p> <p><input type="checkbox"/> Amount contributed to an individual development account</p> <p><input type="checkbox"/> Depreciation expense adjustment for Internal Revenue Code sections 168(k) and 179</p> <p>Total of a through f</p>		<p>38. ● 126.00</p> <p>39. ● 2,695.00</p> <p>40. ● 1,414.00</p>
<p><b>47. Total deductions (add lines 36 through 46)</b> . . . . . 46. ●</p> <p><b>48. Net adjustments - If line 35 is GREATER than line 47, enter the difference here and on line 2 as a positive amount. If line 35 is LESS than line 47, enter the difference here and on line 2 as a negative amount</b> . . . . . 47. ●</p>		<p>47. ● 4,235.00</p>
<p><b>49. Retirement income credit (see instructions for credit table) (limit - \$200 per return)</b> . . . . . 48. ●</p> <p><b>50. Senior citizen credit (limit - \$50 per return)</b> . . . . . 49. ●</p> <p><b>51. Lump sum distribution credit (you must be 65 years of age or older to claim this credit)</b> . . . . . 50. ●</p> <p><b>52. Child care and dependent care credit (see instructions and worksheet)</b> . . . . . 51. ●</p> <p><b>53. Lump sum retirement credit</b> . . . . . 52. ●</p> <p><b>54. If line 5 is less than or equal to \$10,000, enter \$107; otherwise, enter -0- or leave blank</b> . . . . . 53. ●</p> <p><b>55. Job training credit (see instructions and worksheet) (limit - \$500 per taxpayer)</b> . . . . . 54. ●</p> <p><b>56. Ohio political contributions credit (limit - \$50 per taxpayer)</b> . . . . . 55. ●</p> <p><b>57. Ohio adoption credit (limit - \$500 per child)</b> . . . . . 56. ●</p> <p><b>58. Total credits (add lines 49 through 57) - enter here and on line 7</b> . . . . . 57. ●</p>		<p>48. ● (4,235.00)</p>
<p><b>59. Enter the portion of line 3 subjected to tax by other states or the District of Columbia while an Ohio resident (new limitation - see line instructions)</b> . . . . . 59. ●</p> <p><b>60. Enter Ohio adjusted gross income (line 3)</b> . . . . . 60. ●</p> <p><b>61. Divide line 59 by line 60</b> . . . . . 61. ●</p> <p><b>62. Enter the 2005 income tax, less all credits other than withholding and estimated tax payments and overpayment carryforwards from previous years, paid to other states or the District of Columbia (new limitation - see line instr.)</b> . . . . . 62. ●</p> <p><b>63. Enter the smaller of line 61 or line 62. This is your Ohio resident tax credit. Enter here and on line 13</b> . . . . . 63. ●</p> <p>List the states(s) other than Ohio with which you filed 2005 income tax returns</p>		<p>64. ●</p> <p>65. ●</p> <p>66. ●</p>

BERT 0061  
BERT V. AK STEEL

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BE2213 Co  
Tue Mar 21 2006 18:03FORM IR FILE WITH  
CITY OF MIDDLETOWN  
INCOME TAX DIVISION  
PO BOX #28739  
MIDDLETOWN, OH 45042RESIDENT  
2005 INCOME TAX RETURN FOR  
CITY OF MIDDLETOWN

Filing required even if no tax due.

MAKE CHECK OR MONEY ORDER

PAYABLE TO

CITY OF MIDDLETOWN

Tax office phone (513) 425-7862

On or before 4/17/06

Social Security Number

Spouse's Social Security Number

Account Number

Name of employer

Address: Street

City

City of residence

Occupation

Telephone: Home

Business

Did you change residence in 2005?

Yes ☐ No ☒

Enter Date moved in

out:

Should the account be inactivated

Yes ☐ No ☒

explain

Did you file a city return in 2004?

Yes ☐ No ☐

Office Use Only

Taxpayer's Name and Address

VIVIAN D BERT  
1812 CHERRY ST  
MIDDLETOWN, OH 45044Filing Status: ☒ Single ☐ Married filing joint ☐ Married filing separate

Has your federal tax liability for any prior year been changed during 2005?

Yes ☐ No ☒

If yes, has an amended city return been filed for such years?

Yes ☐ No ☐

- 1 WAGES, SALARIES, TIPS AND OTHER EMPLOYEE COMPENSATION (ATTACH ALL W-2'S) . . . . . 1. 18,514.
- 2 OTHER TAXABLE INCOME (SEE INSTRUCTIONS) . . . . . 2. \_\_\_\_\_
- 3 TAXABLE INCOME: LINE 1, PLUS LINE 2 . . . . . 3. 18,514.
- 4 MUNICIPAL TAX .015 OF LINE 3. . . . . 4. 278.

## 5 CREDITS

A TAX WITHHELD BY EMPLOYER FOR CITY OF . . . . . MIDDLETOWN 5A. 55.

B ESTIMATED TAX PAID CITY OF . . . . . MIDDLETOWN 5B. \_\_\_\_\_

C TAX PAID CITY OF SEE STATEMENT Not to exceed .015 5C. 222.

D PRIOR YEAR OVER PAYMENTS . . . . . 5D. \_\_\_\_\_

E OTHER PAYMENTS . . . . . 5E. \_\_\_\_\_

F TOTAL CREDITS . . . . . 5F. 277.

6 IF LINE 4 GREATER THAN LINE 5F PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN. TAX DUE . . . . . 6. 1.

A PENALTY \$ . . . . . INTEREST \$ . . . . . TOTAL \$ . . . . .

B TOTAL AMOUNT DUE . . . . . 1.

7 OVERPAYMENT: LINE 5F MINUS LINE 4 NOT LESS THAN ZERO . . . . . 7. \_\_\_\_\_

7A AMOUNT OF OVERPAYMENT YOU WANT REFUNDED . . . . . 7a. \_\_\_\_\_

7B AMOUNT OF OVERPAYMENT YOU WANT CREDITED TO 2006 ESTIMATED TAX . . . . . 7b. \_\_\_\_\_

## 2006 DECLARATION OF ESTIMATED TAXES

8 TOTAL INCOME SUBJECT TO TAX \$ . . . . . MULTIPLY BY TAX RATE OF .015 FOR GROSS TAX OF 8. \_\_\_\_\_

9 LESS EXPECTED TAX CREDITS . . . . .

A WITHHELD BY EMPLOYER FOR CITY OF MIDDLETOWN 9A. \_\_\_\_\_

B PAYMENTS ON TAXABLE INCOME TO ANOTHER MUNICIPALITY NOT TO EXCEED .015 9B. \_\_\_\_\_

C TOTAL CREDITS . . . . . 9C. \_\_\_\_\_

10A NET TAX DUE (LINE 8 LESS LINE 9C) . . . . . 10A. 0.

10B OVERPAYMENT FROM PRIOR YEAR(S) From line 7b . . . . . 10B. \_\_\_\_\_

10C BALANCE OF 2006 ESTIMATED TAX DUE: Line 10a minus 10b . . . . . 10C. 0.

11 AMOUNT PAID WITH THIS DECLARATION (1/4 of Line 10a less Line 10b) . . . . . 11. \_\_\_\_\_

12 AMOUNT ENCLOSED (LINE 6) \$ 1. (LINE 11) \$ TOTAL 12. 1.

☒ If this return was prepared by a practitioner, check here if we may contact him/her directly with questions regarding the preparation of this return.

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER THE DECLARATION BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

03/21/2006

Signature of Person Preparing if other than Taxpayer  
PALMER & ASSOC TAX INC  
302 EDGEWOOD DR  
TRENTON, OH 45067  
513-988-1771

Date

Signature of Taxpayer or Agent

Date

Spouse's Signature

Date

BERT 0062  
BERT V. AK STEEL

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BE221305  
Tue Mar 21 2006 18:00  
CITY OF MIDDLETOWN  
VIVIAN D BERT  
Form IR

PAGE 2

NEED BE COMPLETED ONLY BY THOSE WHO HAVE OTHER TAXABLE INCOME THAN WAGES OR WHO  
CLAIM EXPENSES AS A DEDUCTIONS FROM SUCH WAGES.

13a	Profit from any business owned (attach Federal Schedule C)	\$	_____
13b	Add items not deductible	\$	_____
13c	Subtract items not taxable	\$	_____
13d	Profit from farm (attach Federal Schedule F)	\$	_____
13e	Add items not deductible	\$	_____
13f	Subtract items not taxable	\$	_____
13	Line 13a plus line 13b less line 13c plus line 13d plus line 13e less line 13f	\$	_____
14a	Rental income (attach Federal Schedule E)	\$	_____
14b	Add items not deductible	\$	_____
14c	Subtract items not taxable	\$	_____
14	Line 14a plus line 14b less line 14c	\$	_____
15	Other income (attach appropriate Federal Schedule)	\$	_____
16	Total other income (add lines 13, 14 and 15)	\$	_____
A. Net loss per previous city income tax returns		\$	_____
(Operating losses may be carried forward for a maximum period of five (5) years)			
B. Total other income		\$	_____
17	CREDITS		
A. Deductible expenses: (attach IRS Form - Schedule 2106 - or other statement)		\$	_____
B. Non-taxable income: (Explain) _____		\$	_____
C. Total deductions		\$	_____
18	Net other taxable income or deductions (insert in line 2 page 1)	\$	_____

LINE 1 WAGES SALARIES AND OTHER EMPLOYEE COMPENSATION.

EMPLOYER	CITY	INCOME	TAX WITHHELD	FORM 2106
GE AIRCRAFT	MIDDLETOWN	18,514.	55.	
Total wages line 1.		18,514.		

LINE 5C STATEMENT: RESIDENT CITY CREDIT FOR TAX PAID TO WORK CITY.

WORK CITY	INCOME	TAX PAID	RESIDENT CITY CREDIT
EVENDALE	18,514.	222.	222.
Total credit line 5C.			222.

BERT 0063  
BERT V. AK STEEL



CONFIDENTIAL

Form **1040** Department of the Treasury - Internal Revenue Service  
**U.S. Individual Income Tax Return** **2006** (99) IRS Use Only-Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2006, or other tax year beginning 2006, ending 20 OMB No. 1545-0074

**Label** (See instructions on page 16.)  
 1 **A** Your first name and initial **VIVIAN** Last name **BERT**  
 2 **B** If a joint return, spouse's first name and initial Last name  
 3 **C** Home address (number and street). If you have a P.O. box, see page 16. **1812 CHERRY ST** Apt. no.  
 4 **D** City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. **MIDDLETOWN OH 45044**

**Filing Status** (Check only one box.)  
 1 ☐ Single  
 2 ☐ Married filing jointly (even if only one had income)  
 3 ☒ Married filing separately. Enter spouse's SSN above and full name here. **LOUIS K JOHNSON**  
 4 ☐ Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.  
 5 ☐ Qualifying widow(er) with dependent child (see page 17)

**Exemptions**  
 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a  
 b ☐ Spouse  
 c **Dependents:**  
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) Check if qualifying child for child tax credit (see page 19)  
 MALIQUE BERT ION ☒  
 d Total number of exemptions claimed **2**

**Income**  
 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **54,476**  
 8a Taxable interest. Attach Schedule B if required  
 8b Tax-exempt interest. Do not include on line 8a  
 9a Ordinary dividends. Attach Schedule B if required  
 9b Qualified dividends (see page 23)  
 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 24)  
 11 Alimony received  
 12 Business income or (loss). Attach Schedule C or C-EZ  
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐  
 14 Other gains or (losses). Attach Form 4797  
 15a IRA distributions 15a Taxable amount (see page 25)  
 16a Pensions and annuities 16a Taxable amount (see page 26)  
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E  
 18 Farm income or (loss). Attach Schedule F  
 19 Unemployment compensation  
 20a Social security benefits 20a **5,630** b Taxable amount (see page 27)  
 21 Other income 21b **4,786**  
 22 Add the amounts in the far right column for lines 7 through 21. This is your total income **59,262**  
 23 Archer MSA deduction. Attach Form 8853  
 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ  
 25 Health savings account deduction. Attach Form 8889  
 26 Moving expenses. Attach Form 3903  
 27 One-half of self-employment tax. Attach Schedule SE  
 28 Self-employed SEP, SIMPLE, and qualified plans  
 29 Self-employed health insurance deduction (see page 29)  
 30 Penalty on early withdrawal of savings  
 31a Alimony paid b Recipient's SSN  
 32 IRA deduction (see page 31)  
 33 Student loan interest deduction (see page 33)  
 34 Jury duty pay you gave to your employer  
 35 Domestic production activities deduction. Attach Form 8903  
 36 Add lines 23 through 31a and 32 through 35  
 37 Subtract line 36 from line 22. This is your adjusted gross income **59,262**

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 80. EEA Form 1040 (2006)

BERT 0064  
BERT V. AK STEEL

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Form 1040 (2006) VIVIAN BERT

Page 2

<b>Tax and Credits</b>	38	Amount from line 37 (adjusted gross income)	38	59,262
	39a	Check <input type="checkbox"/> You were born before January 2, 1942, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1942, <input type="checkbox"/> Blind. Total boxes checked <input checked="" type="checkbox"/> 39a		
<b>Standard Deduction for—</b>	b	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 34 & check here <input checked="" type="checkbox"/> 39b		
• People who checked any box 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000				
• All other... Single or Married filing separately, \$5,150	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	11,621
Married filing jointly or Qualifying widow(er), \$10,300	41	Subtract line 40 from line 38	41	47,641
Head of household, \$7,550	42	If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see page 36. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d	42	6,600
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	41,041
	44	Tax (see page 36). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	6,814
	45	Alternative minimum tax (see page 39). Attach Form 6251	45	
	46	Add lines 44 and 45	46	6,814
	47	Foreign tax credit. Attach Form 1116 if required	47	
	48	Credit for child and dependent care expenses. Attach Form 2441	48	
	49	Credit for the elderly or the disabled. Attach Schedule R	49	
	50	Education credits. Attach Form 8883	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Residential energy credits. Attach Form 5695	52	
	53	Child tax credit (see page 42). Attach Form 8901 if required	53	750
	54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8839 c <input type="checkbox"/> Form 8859	54	
	55	Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
	56	Add lines 47 through 55. These are your total credits	56	750
	57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	6,064
<b>Other Taxes</b>	58	Self-employment tax. Attach Schedule SE	58	
	59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	
	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
	61	Advance earned income credit payments from Form(s) W-2, box 9	61	
	62	Household employment taxes. Attach Schedule H	62	
	63	Add lines 57 through 62. This is your total tax	63	6,064
<b>Payments</b>	64	Federal income tax withheld from Forms W-2 and 1099	64	8,820
	65	2006 estimated tax payments and amount applied from 2005 return	65	
	66a	Earned income credit (EIC)	66a	
	b	Nontaxable combat pay election <input checked="" type="checkbox"/> 66b	66b	
	67	Excess social security and tier 1 RRTA tax withheld (see page 60)	67	
	68	Additional child tax credit. Attach Form 8812	68	
	69	Amount paid with request for extension to file (see page 60)	69	
	70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
	71	Credit for federal telephone excise tax paid. Attach Form 8913 if required	71	40
	72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	8,860
<b>Refund</b>	73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	2,796
Direct deposit? See page 61 and fill in 74b, 74c, and 74d, or Form 8888.	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	2,796
	b	Routing number	b	
	d	Account number	d	
	75	Amount of line 73 you want applied to your 2007 estimated tax	75	
<b>Amount You Owe</b>	76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62	76	
	77	Estimated tax penalty (see page 62)	77	
<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS (see page 63)? <input checked="" type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No			
	Designee's name		Phone no.	
	JUDITH PALMER		513-988-1771	
	Personal identification number (PIN)		830351	
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Joint return? See page 17. Keep a copy for your records.	Your signature	Date	Your occupation	Daytime phone number
	02213	02-12-2007		
	Spouse's signature, if a joint return, both must sign.	Date	Spouse's occupation	
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN
	JANET ANDERSON	02-12-2007	<input type="checkbox"/>	P00085705
	Firm's name (or yours if self-employed), address, and ZIP code	EIN	11-3661300	
	PALMER & ASSOC. TAX INC.			
	P.O. 349			
	TRENTON OH 45067	Phone no. 513-988-1771		

EEA

Form 1040 (2006)

BERT 0065  
BERT V. AK STEEL

**SCHEDULES A&B**  
**(Form 1040)**

**Schedule A - Itemized Deductions**

OMB No. 1545-0074

**2006**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040. ▶ See instructions for Schedules A & B (Form 1040).

Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

**VIVIAN BERT**

<b>Medical and Dental Expenses</b>		Caution. Do not include expenses reimbursed or paid by others.			
	1 Medical and dental expenses (see page A-1)	1			
	2 Enter amount from Form 1040, line 38	2			
	3 Multiply line 2 by 7.5% (.075)	3			
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			
<b>Taxes You Paid</b> (See page A-3.)	5 State and local income taxes	5	2,948		
	6 Real estate taxes (see page A-3)	6	1,652		
	7 Personal property taxes	7			
	8 Other taxes. List type and amount ▶	8			
	9 Add lines 5 through 8	9			4,600
<b>Interest You Paid</b> (See page A-3.)  Note. Personal interest is not deductible.	10 Home mortgage interest and points reported to you on Form 1098	10	6,621		
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-3 and show that person's name, identifying no., and address ▶	11			
	12 Points not reported to you on Form 1098. See page A-4 for special rules	12			
	13 Investment interest. Attach Form 4952 if required. (See page A-4.)	13			
	14 Add lines 10 through 13	14			6,621
<b>Gifts to Charity</b>  If you made a gift and got a benefit for it, see page A-4.	15 Gifts by cash or check. If you made any gift of \$250 or more, see page A-5	15	400		
	16 Other than by cash or check. If any gift of \$250 or more, see page A-5. You must attach Form 8283 if over \$500	16			
	17 Carryover from prior year	17			
	18 Add lines 15 through 17	18			400
<b>Casualty and Theft Losses</b>	19 Casualty or theft loss(es). Attach Form 4684. (See page A-6.)	19			
<b>Job Expenses and Certain Miscellaneous Deductions</b> (See page A-6.)	20 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-6.) ▶	20			
	21 Tax preparation fees	21			
	22 Other expenses - investment, safe deposit box, etc. List type and amount ▶	22			
	23 Add lines 20 through 22	23			
	24 Enter amount from Form 1040, line 38	24			
	25 Multiply line 24 by 2% (.02)	25			
	26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26			
<b>Other Miscellaneous Deductions</b>	27 Other - from list on page A-7. List type and amount ▶	27			
<b>Total Itemized Deductions</b>	28 Is Form 1040, line 38, over \$150,500 (over \$75,250 if married filing separately)? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> Yes. Your deduction may be limited. See page A-7 for the amount to enter.	28			11,621
	29 If you elect to itemize deductions even though they are less than your standard deduction, check here	29			

For Paperwork Reduction Act Notice, see Form 1040 instructions.

EEA

Schedule A (Form 1040) 2006

BERT 0066  
BERT V. AK STEEL

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06000167

**2006****IT 1040** Rev. 10/06**Individual Income Tax Return**

Your Social Security # (required)		Spouse's Social Security # (only if joint return)		For the year Jan. 1-Dec. 31, 2006 or other taxable year beginning Jan. 1, 2006	
Check if deceased		Check if deceased			
Please use only UPPERCASE letters.					
Your last name <b>VIVIAN</b>		M.I.	Last name <b>BERT</b>		
Spouse's first name (only if joint return)		M.I.	Last name		
Home address (number and street) <b>1812 CHERRY ST</b>					
City <b>MIDDLETOWN</b>		State <b>OH</b>	ZIP code <b>45044</b>	Ohio county (first four letters) <b>BUTL</b>	
Foreign country		Foreign postal code			
In care of/executor's name (must indicate if refund will be issued in decedent's name)					
<b>Ohio Residency Status</b> (see instructions on page 9)					
<input checked="" type="checkbox"/> Resident		Nonresident		State abbreviation	
				Part-year resident from:	
<b>Filing Status - Check one</b> (same as reported on federal income tax return)					
Single or head of household or qualifying widow(er)		Married filing jointly			
<input checked="" type="checkbox"/> Married filing separately - enter spouse's SS#					
<div style="display: flex; justify-content: space-between;"> <div> <b>Ohio Political Party Fund</b>            Do you want \$1 to go to this fund? .....            If joint return, does your spouse want \$1 to go to this fund? .....  <small>Note: Checking "Yes" will not increase your tax or decrease your refund.</small> </div> <div style="text-align: center;">             Yes No  <b>Go paperless. It's FREE!</b>  <b>Try I-File.</b>  <b>tax.ohio.gov</b>  <b>File electronically and receive your refund in 5-7 days by direct deposit!</b> </div> </div>					
<b>Ohio Public School District Number</b> (see pages 35-39)		<b>0906</b>			
<b>INCOME INFORMATION</b>					
1. Federal adjusted gross income (from federal forms 1040, line 37; or 1040A, line 21; or 1040EZ, line 4) ..... 1.					
					59 262 00
2. Ohio adjustments. Amount from line 48 on page 3 ..... 2.					
					- 4 786 00
3. Ohio adjusted gross income (line 2 added to or subtracted from line 1) ..... 3.					
					54 476 00
4. Multiply your personal and dependent exemptions 2 times \$1,400 and enter the result here 4.					
					2 800 00
5. Ohio taxable income (line 3 minus line 4; enter -0- if line 3 is less than line 4) ..... 5.					
					51 676 00
<b>SIGN HERE (required)</b>					
I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.				Continue to IT 1040 - pg. 2	
Your signature Date <b>02-12-07</b>				<b>For Departmental Use Only</b>    Code	
Spouse's signature (if filing jointly, BOTH must sign) <b>JANET ANDERSON</b>					
Preparer's signature Phone number <b>5139881771</b>					

**NO Payment Enclosed - Mail to:**  
Ohio Department of Taxation  
P.O. Box 2679  
Columbus, OH 43270-2679

**Payment Enclosed - Mail to:**  
Ohio Department of Taxation  
P.O. Box 2057  
Columbus, OH 43270-2057



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2006

IT 1040

Rev. 10/06

## Individual Income Tax Return

TAX AND CREDITS		Social Security no.
6. Tax on line 5 (see tax tables, pages 28-34)	6.	1 781 00
7. Credits from Schedule B (from line 58 on page 4 of form IT 1040)	7.	00
8. Ohio tax less Schedule B credits. (Subtract line 7 from line 6. If line 7 is more than line 6, enter -0-)	8.	1 781 00
9. Exemption credit: Number of your personal and dependent exemptions 2 times \$20	9.	40 00
10. Ohio tax less exemption credit. (Subtract line 9 from line 8. If line 9 is more than line 8, enter -0-)	10.	1 741 00
11. Joint filing credit (see instructions on page 14 and include documentation) % times line 10 (limit \$650)	11.	00
12. Ohio tax less joint filing credit. (Subtract line 11 from line 10. If line 11 is more than line 10, enter -0-)	12.	1 741 00
13. Resident/nonresident/part-year credits (Sch. C or D) and nonrefundable business credits (Sch. E)	13.	00
14. Ohio income tax before manufacturing equipment grant. (Subtract line 13 from line 12. If line 13 is more than line 12, enter -0-)	14.	1 741 00
15. Manufacturing equipment grant. You must include the grant request form	15.	00
16. Ohio income tax. (Subtract line 15 from line 14. If line 15 is more than line 14, enter -0-)	16.	1 741 00
17. Interest penalty on underpayment of estimated tax: Check If form IT 2210-1040 is included	17.	00
18. Unpaid Ohio use tax (see worksheet on page 27) The amount you show on this line is part of your total income tax liability for this year.	18.	00
19. Total Ohio tax (add lines 16, 17 and 18)	19.	1 741 00
<b>PAYMENTS</b>		
20. Ohio Tax Withheld (box 17 on your W-2). Include W-2s on front of return	20.	2 130 00
21. 2005 overpayment credited to 2006, Ohio 2006 estimated tax and 2006 IT 40P payments	21.	00
22. a. Refundable business jobs credit Must include certificate(s) b. Refundable pass-through entity credit Must include K-1(s)	22.	00
23. Add lines 20, 21 and 22	23.	2 130 00
<b>REFUND OR AMOUNT YOU OWE</b>		
24. Amount You Owe (if line 23 is less than line 19, subtract line 23 from line 19). Check here and enclose form IT 40P (see page 41) with the front of return if you are enclosing a payment (payable to Ohio Treasurer of State). Check here if you have paid or will pay with an electronic check or credit card (see page 41)	24.	00
25. If line 23 is GREATER than line 19, subtract line 19 from line 23	25.	389 00
26. Amount of line 25 to be credited to 2007 estimated income tax liability	26.	00
27. Amount of line 25 that you wish to donate to the Military Injury Relief Fund	27.	00
28. Amount of line 25 that you wish to donate for Ohio's wildlife species and conservation of endangered wildlife	28.	00
29. Amount of line 25 that you wish to donate for nature preserves, scenic rivers and protection of endangered species	29.	00
30. Amount of line 25 to be refunded (subtract amounts on lines 26, 27, 28 and 29 from line 25)	30.	389 00

If the amount you owe is less than \$1.01, payment need not be made. If your refund is less than \$1.01, no refund will be issued.



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2006

IT 1040 Rev. 10/05

Individual Income Tax Return

**SCHEDULE A - Adjustments to Income (Additions and Deductions)**

Social Security no.

Additions - Add to the extent not included in federal adjusted gross income (line 1).

31. Add non-Ohio state or local government interest and dividends	31.	00
32. Add certain pass-through entity Ohio taxes paid	32.	00
33. Add income from an electing small business trust (see page 18)	33.	00
34. a. Federal interest and dividends subject to state taxation	34.a.	00
b. Reimbursement of college tuition expenses and fees deducted in any previous year(s)	b.	00
34. c. Losses from sale or disposition of Ohio public obligations	c.	00
d. Nonmedical withdrawals from an Ohio medical savings account and miscellaneous federal tax adjustments	d.	00
e. Reimbursement of expenses previously deducted for Ohio income tax purposes, but only if the reimbursement is not in federal adjusted gross income	e.	00
f. Noneducation expenditures from college savings account	f.	00
g. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense	g.	00
35. Total additions (add lines 31 through 34g and enter here). Applicable line items must be completed	35.	00

Deductions - See page 19 for limitations.

36. Deduct federal interest and dividends exempt from state taxation	36.	00
37. Deduct compensation earned in Ohio by full-year residents of neighboring states and certain income earned by military nonresidents	37.	00
38. Deduct state or municipal income tax overpayments included in federal adjusted gross income	38.	00
39. Deduct disability and survivorship benefits (do not include pension continuation benefits)	39.	00
40. Deduct qualifying Social Security benefits and certain railroad benefits	40.	4 786 00
41. Deduct contributions to CollegeAdvantage 529 savings plan and/or purchases of tuition credits	41.	00
42. Deduct certain Ohio National Guard reimbursements and benefits (see page 20)	NEW 42.	00
43. Deduct unsubsidized health insurance, long-term care insurance and excess medical expenses (see worksheet on page 21)	43.	00
44. Deduct funds deposited into, and earnings of, a medical savings account for eligible medical expenses (see worksheet on page 21)	44.	00
45. Deduct certain losses from an electing small business trust (see page 22)	45.	00
46. a. Wage and salary expense not deducted due to the federal targeted jobs or the work opportunity tax credits	46a.	00
b. Interest income from Ohio public obligations and Ohio purchase obligations and gains from the sale or disposition of Ohio public obligations	b.	00
c. Refund or reimbursements shown on federal form 1040, line 21 for itemized deductions claimed on a prior year federal income tax return	c.	00
d. Repayment of income reported in a prior year and miscellaneous federal tax adjustments	d.	00
e. Amount contributed to an individual development account	e.	00
f. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense	f.	00
47. Total deductions (add lines 36 through 46f). Applicable line items must be completed	47.	4 786 00
48. Net adjustments - If line 35 is GREATER than line 47, enter the difference here and on line 2 as a positive amount. If line 35 is LESS than line 47, enter the difference here and on line 2 as a negative amount	48.	- 4 786 00

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2006

IT 1040 Rev. 10/06

Individual Income Tax Return

**SCHEDULE B - Credits**

Social Security no.

49. Retirement income credit (see credit table on page 23) (limit \$200 per return)	49.	00
50. Senior citizen credit (\$50 per return)	50.	00
51. Lump sum distribution credit (you must be 65 years of age or older to claim this credit)	51.	00
52. Child care and dependent care credit (see instructions and worksheet on page 23)	52.	00
53. Lump sum retirement credit	53.	00
54. If line 5 is \$10,000 or less, enter \$102; otherwise, enter -0- or leave blank	54.	00
55. Job training credit (see instructions on page 23 and worksheet on page 24) (limit \$500 per taxpayer)	55.	00
56. Ohio political contributions credit (limit \$50 per taxpayer)	56.	00
57. Ohio adoption credit (\$500 per child adopted during the year)	57.	00
58. Total credits (add lines 49 through 57) - enter here and on line 7	58.	00

**SCHEDULE C - Ohio Resident**

59. Enter the portion of line 3 subjected to tax by other states or the District of Columbia while an Ohio resident (limits apply - see line 59 instructions on page 24)	59.	00
60. Enter Ohio adjusted gross income (line 3)	60.	00
61. Divide line 59 by line 60 and enter the result here. % Multiply by the amount on line 12	61.	00
62. Enter the 2006 income tax, less all credits other than withholding and estimated tax payments and overpayment carryforwards from previous years; paid to other states or the District of Columbia (limits apply - see line 62 instructions on page 25)	62.	00
63. Enter the smaller of line 61 or line 62. This is your Ohio resident tax credit. Enter here and on line 13. If you filed a return in 2006 with a state(s) other than Ohio, list the two-letter state abbreviation in the boxes below	63.	00

**SCHEDULE D - Nonresident/Part-Year Resident**

64. Enter the portion of Ohio adjusted gross income (line 3) that was not earned or received in Ohio. Include form IT-2023 (limits apply - see line 64 instructions on page 25)	64.	00
65. Enter the Ohio adjusted gross income (line 3)	65.	00
66. Divide line 64 by line 65 and enter the result here. % Multiply by the amount on line 12. Enter here and on line 13. If both the resident credit and the nonresident/part-year resident credit apply, enter the sum of lines 63 and 65 on line 13	66.	00

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TAX YEAR
2006

CITY OF MIDDLETOWN

## INCOME TAX RETURN

DUE ON OR BEFORE 04-16-2007

Or within three months and fifteen days after the close of a fiscal year or period

FOR CALENDAR YEAR ENDING DECEMBER 31 2006

OR FOR THE MONTH ENDING

MAR TO: MIDDLETOWN CITY

1 DONHAM PLZ

MIDDLETOWN

OH 45042-1901

VIVIAN BERT  
1812 CHERRY ST  
MIDDLETOWN

OH 45044

PREVIOUS ADDRESS

Account # \_\_\_\_\_  
CAP REQ \_\_\_\_\_ ISS \_\_\_\_\_ BY \_\_\_\_\_  
SOCIAL SECURITY NO. or E.I.D. NO. \_\_\_\_\_  
Yours \_\_\_\_\_  
OCCUPATION \_\_\_\_\_  
MIDDLETOWN RESIDENT ☒ YES ☐ NO  
DATE MOVED IN/OUT OF (city) \_\_\_\_\_  
☐ IN DATE \_\_\_\_\_  
☐ OUT DATE \_\_\_\_\_  
DO YOU OWN THIS PROPERTY? ☒ X OR RENT \_\_\_\_\_  
NAME AND ADDRESS OF LANDLORD \_\_\_\_\_  
FEIN, if Applicable \_\_\_\_\_  
TELEPHONE NUMBER \_\_\_\_\_  
WILL YOU HAVE TAXABLE INCOME NEXT YEAR? ☒ YES ☐ NO  
IF NO, EXPLAIN \_\_\_\_\_  
CHECK IF FINAL RETURN ☐ YES DATE \_\_\_\_\_

## 1. COMPENSATION FROM WAGES - ATTACH W-2'S

NAME OF EMPLOYER	WHERE EMPLOYED	TAX WITHHELD	OTHER CITIES TAX WITHHELD	GROSS WAGES
GE AIRCRAFT	MIDDLETOWN	164		54476
GE AIRCRAFT	EVENDALE		654	
Total		164	654	54476

IF ALL OF YOUR MIDDLETOWN INCOME IS FROM WAGES AND YOU HAVE NO ADJUSTMENTS TO THE WAGES, YOU MAY TRANSFER THE AMOUNT ON LINE 1 TO LINE 10 &amp; COMPUTE YOUR TAX.

2. INCOME FROM SELF-EMPLOYMENT (Attach Federal Schedule C, E, F or K-1's) \_\_\_\_\_  
3. INCOME FROM RENTS OR LEASES (Attach Federal Schedule E) \_\_\_\_\_  
4. PARTNERSHIP INCOME (Attach Federal Form 1065) \_\_\_\_\_  
5. CORPORATION INCOME (Attach Federal 1120, 1120S, 1120A) \_\_\_\_\_  
6. MISC. INCOME (Attach 1099's or explain source) \_\_\_\_\_ DO NOT INCLUDE DIVIDENDS OR INTEREST  
7. ADDITIONS TO INCOME (From page 2) \_\_\_\_\_  
8. DEDUCTIONS FROM INCOME (From page 2) \_\_\_\_\_  
9. ADJUSTED NET INCOME (Add Lines 1 thru 8) \_\_\_\_\_  
10. MIDDLETOWN TAXABLE INCOME 54476  
11. TAX ON LINE 10 @ 1.5000 % 54476  
12. MIDDLETOWN TAX WITHHELD: 817  
ATTACH W-2's  
13. MIDDLETOWN PAID BY PARTNERSHIP  
RESIDENTS: 12 ( 164 )  
TAX PAID TO OTHER CITIES ON INCOME ON LINE 10: ATTACH CITY RETURNS  
13. ( 654 )  
14. ( )  
15. -1  
16. -1  
17. -1  
18. -1  
19. -1  
20. -1  
21. IF LINE 17 IS AN OVERPAYMENT, INDICATE THE AMOUNT TO BE CREDITED TO THE NEXT TAX YEAR  
OR THE AMOUNT TO BE REFUNDED ( 1 )  
22a. Enter 2007 Estimated Tax in Full ESTIMATE  
22b. Enter full estimate (line 22a) or first quarter 2007 estimate (1/4 of line 22a)  
23. TOTAL DUE - Lines 20+22b minus amount credited from line 21

TAX PREPARER MUST SIGN HERE (Signature of Tax Preparer) 02-12-07 (Date)

PALMER &amp; ASSOC. TAX INC.

P.O. 349

TRENTON

5139881771

OH 45067

TAXPAYER MUST SIGN HERE (Signature of Taxpayer) 02-12-07 (Date)  
SPOUSE MUST SIGN HERE (Signature of Spouse) (Date)

BERT 0071  
BERT V. AK STEEL

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Worksheet 1  
Forms 1040, 1040ASocial Security Benefits Worksheet  
Figuring Your Taxable Benefits

(Keep for your records)

2006

Name(s) as shown on return

VIVIAN BERT

Social Security No.

## Before you begin:

- If you are married filing separately and you lived apart from your spouse for all of 2006, enter "D" to the right of the word "benefits" on Form 1040, line 20a, or Form 1040A, line 14a.
- Do not use this worksheet if you repaid benefits in 2006 and your total repayments (box 4) were more than your gross benefits for 2006 (box 3). None of your benefits are taxable for 2006. For more information, see Repayments More Than Gross Benefits.

1. Enter the total amount from box 5 of ALL your Forms SSA-1099 and RRB-1099. Also enter this amount on Form 1040, line 20a, or Form 1040A, line 14a

1. 5,630

2. Enter one-half of line 1

2. 2,815

3. Enter the total of the amounts from:

Form 1040: Lines 7, 8a, 8b, 9a, 10 through 14, 15b, 16b, 17 through 19, and 21

Form 1040A: Lines 7, 8a, 8b, 9a, 10, 11b, 12b, and 13

4. Form 1040 filers: Enter the total of any exclusions/adjustments for:

- Qualified U.S. savings bond interest (Form 8815, line 14)
- Adoption benefits (Form 8839, line 30)
- Foreign earned income or housing (Form 2555, lines 45 and 50, or Form 2555-EZ, line 18), and
- Certain income of bona fide residents of American Samoa (Form 4563, line 15) or Puerto Rico

Form 1040A filers: Enter the total of any exclusions for:

- Qualified U.S. savings bond interest (Form 8815, line 14)
- Adoption benefits (Form 8839, line 30)

3. 54,476

5. Add lines 2, 3, and 4

4.

6. Form 1040 filers: Enter the amount from Form 1040, line 36, minus any amounts on Form 1040, lines 33 and 35.

5. 57,291

Form 1040A filers: Enter the amount from Form 1040A, line 20, minus any amounts on Form 1040A, lines 18

7. Is the amount on line 6 less than the amount on line 5?

6.

No. STOP None of your social security benefits are taxable. Enter -0- on Form 1040, line 20b, or Form 1040A, line 14b.

X Yes. Subtract line 6 from line 5

7.

57,291

8. If you are:

- Married filing jointly, enter \$32,000
- Single, head of household, qualifying widow(er), or married filing separately and you lived apart from your spouse for all of 2006, enter \$25,000

8.

Note: If you are married filing separately and you lived with your spouse at any time in 2006, skip lines 8 through 15; multiply line 7 by 85% (.85) and enter the result on line 16. Then go to line 17.

9. Is the amount on line 8 less than the amount on line 7?

No. STOP None of your benefits are taxable. Enter -0- on Form 1040, line 20b, or on Form 1040A, line 14b. If you are married filing separately and you lived apart from your spouse for all of 2006, be sure you entered "D" to the right of the word "benefits" on Form 1040, line 20a, or on Form 1040A, line 14a.

X Yes. Subtract line 8 from line 7

9.

10. Enter \$12,000 if married filing jointly; \$9,000 if single, head of household, qualifying widow(er), or married filing separately and you lived apart from your spouse for all of 2006

10.

11. Subtract line 10 from line 9. If zero or less, enter -0-

11.

12. Enter the smaller of line 9 or line 10

12.

13. Enter one-half of line 12

13.

14. Enter the smaller of line 2 or line 13

14.

15. Multiply line 11 by 85% (.85). If line 11 is zero, enter -0-

15.

16. Add lines 14 and 15

16.

17. Multiply line 1 by 85% (.85)

17.

18. Taxable benefits. Enter the smaller of line 16 or line 17. Also enter this amount on Form 1040, line 20b, or Form 1040A, line 14b

18.

4,786

## TIP

If you received a lump-sum payment in 2006 that was for an earlier year, also complete Worksheet 2 or 3 and Worksheet 4 to see whether you can report a lower taxable benefit.

WK\_SSB\_\_LD

BERT 0072  
BERT V. AK STEEL

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## Projected State and Local Income Tax Refund Worksheet For 2007

2006

This amount will carry to next year's screen 3 with a V in front of it.

Name(s) as shown on Form 1040

VIVIAN BERT

SSN

## Worksheet 1 - 2006 Schedule A worksheet as filed

1 Enter the total amount from Schedule A, line 5	1	2,948
2 Multiply line 1 by 80% (.80)	2	2,358
3 Enter the amount from 1040, line 38	3	59,262
4 Enter: \$150,500 (\$75,250 if married filing separately)	4	75,250
5 Subtract line 4 from line 3	5	
6 Multiply line 5 by 3% (.03)	6	
7 Enter the smaller of line 2 or line 6	7	
8 Total state and local taxes deducted on 2006 return. Subtract line 7 from line 1	8	2,948

## Worksheet 2 - 2006 Schedule A worksheet recomputed using original Schedule A line 5 less state refunds

1 Enter the total state taxes actually paid in 2006 (line 1 above less state refund that will be received on 2007 Form 1099-G)	1	2,559
2 Multiply line 1 by 80% (.80)	2	2,047
3 Enter the amount from 1040, line 38	3	59,262
4 Enter: \$150,500 (\$75,250 if married filing separately)	4	75,250
5 Subtract line 4 from line 3	5	
6 Multiply line 5 by 3% (.03)	6	
7 Enter the smaller of line 2 or line 6	7	
8 Total state and local taxes that would have been deducted if Schedule A line 5 reflected only the portion of the total state and local taxes paid that were due	8	2,559

## Worksheet 3 - Difference

1 Enter the amount from line 8, worksheet 1 above	1	2,948
2 Enter the amount from line 8, worksheet 2 above	2	2,559
3 Subtract line 2 from line 1. This is the maximum amount of the total refund that is taxable in 2007	3	389

If line 3 is -0- or less, STOP. None of your state refund is taxable.  
If line 3 is greater than -0-, complete worksheet 4 below to determine how much of your state refund is taxable.

## Worksheet 4 - State and Local Income Tax Refund Worksheet

1 Enter the amount from line 3, worksheet 3 above	1	389
2 Enter your total allowable itemized deductions from your 2006 Schedule A line 28	2	11,621
Note: If your 2006 filing status was MFS and your spouse itemized deductions in 2006, skip lines 3, 4, and 5, and enter the amount from line 2 on line 6 below.		
3 Enter the amount shown below for the filing status claimed on your 2006 Form 1040.	3	
Single - \$5,150		
Married filing jointly, or qualifying widow(er) - \$10,300		
Married filing separately - \$5,150		
Head of household - \$7,550		
4 Did you fill in line 39a on your 2006 Form 1040?	4	
No. Enter -0-.		
Yes. Multiply the number in the box on line 38a of your 2006 Form 1040 by:		
\$1,000 if your 2006 filing status was MFJ or MFS or QW;		
\$1,250 if your 2006 filing status was single or HOH		
5 Add lines 3 and 4	5	
6 Is the amount on line 5 less than the amount on line 2?	6	
No. STOP. None of your refund is taxable.		
Yes. Subtract line 5 from line 2	6	11,621
7 Taxable part of your refund. Enter the smaller of line 1 or line 6 here	7	389

## Worksheet 5 - State and Local Income Tax and General State Sales Tax Computation

1 2006 State Income Tax Deduction from Schedule A, Line 5	1	2,948
2 2006 State General Sales Tax Deduction not taken on Schedule A, Line 5	2	726
3 Difference	3	2,222
4 Taxable part of your refund from line 7 of worksheet 4	4	389
5 Lesser of line 3 or 4	5	389
This is the maximum taxable portion of your state refund.		

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BERT V. AK STEEL